

J. L. FAIRBANKS DIV.
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No. 9054-3

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-139. No. 8427-e

<p>1 PLACE OF DEATH</p> <p>Suffolk (County)</p> <p>Winthrop (City or Town)</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p>	
<p>2 FULL NAME</p> <p>Casper Silverman</p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>STANDARD</p> <p>CERTIFICATE OF DEATH</p>		<p>Registered No. 1</p>	
<p>(a) Residence. No. 93 Locust</p> <p>(Usual place of abode)</p>		<p>St. Winthrop</p> <p>(If nonresident, give city or town and state)</p>		<p>(If U. S. War Veteran, specify WAR) No</p>	
<p>Length of stay: In hospital or institution. (Specify whether)</p>		<p>years months days</p>		<p>In this community 34 yrs. mos. days.</p>	
<p>PERSONAL AND STATISTICAL PARTICULARS</p>					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)	18 DATE OF DEATH		
Male	White	MARRIED	Jan. 1 1942		
		WIDOWED	(Month) (Day) (Year)		
		or DIVORCED			
<p>5a If married, widowed, or divorced</p> <p>HUSBAND of Leah Schwartz</p> <p>(Give maiden name of wife in full)</p>			<p>19 I HEREBY CERTIFY. That I attended deceased from Feb. 1936, to Jan. 1 1942</p>		
<p>(or) WIFE of (Husband's name in full)</p>			<p>I last saw him alive on Jan. 1 1942, death is said to have occurred on the date stated above, at 4:00 a.m.</p>		
<p>6 Age of husband or wife if alive 66 years</p>			<p>Immediate cause of death. Coronary Thrombosis</p>		
<p>7 IF STILLBORN, enter that fact here.</p>			<p>Duration 6 days</p>		
<p>8 AGE 68 Years Months Days If less than 1 day</p>			<p>Due to Coronary Artery Heart Disease</p>		
<p>9 Occupation: Dress Mfg.</p>			<p>Due to Angina Pectoris</p>		
<p>10 Industry or Business: For Himself</p>			<p>Other conditions (Include pregnancy within 3 months of death)</p>		
<p>11 Social Security No. none</p>			<p>Major findings:</p>		
<p>12 BIRTHPLACE (City) Russia</p> <p>(State or country)</p>			<p>Of operations</p>		
<p>13 NAME OF FATHER Jacob Silverman</p>			<p>Date of</p>		
<p>14 BIRTHPLACE OF FATHER (City) Russia</p> <p>(State or country)</p>			<p>Of autopsy</p>		
<p>15 MAIDEN NAME OF MOTHER Frieda (cannot be learned)</p>			<p>What test confirmed diagnosis?</p>		
<p>16 BIRTHPLACE OF MOTHER Russia</p> <p>(State or country)</p>			<p>20 Was disease or injury in any way related to occupation of deceased?</p>		
<p>17 Informant: Leah Silverman (Wife)</p> <p>(Address) 93 Locust St. Winthrop</p>			<p>If so, specify (Signed) Charles Liberman M. D.</p>		
<p>1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p>			<p>(Address) 26 Waverly Way Date Jan. 1 1942</p>		
<p>Wm. D. Childers</p> <p>(Signature of Agent of Board of Health or other)</p>			<p>21 Forest Hills Cemetery, Plain Place of Burial, Cremation or Removal. (City or town)</p>		
<p>Health Officer</p> <p>(Official Designation)</p>			<p>DATE OF BURIAL January 4, 1942</p>		
<p>1/x/42</p> <p>(Date of Issue of Permit)</p>			<p>22 NAME OF FUNERAL DIRECTOR Manuel Stymetyky</p>		
			<p>ADDRESS 10 Washington St. Dor.</p>		
			<p>Received and filed JAN 3 1942</p>		
			<p>19</p>		
			<p>(Registrar)</p>		

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . .

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

FEB 9 1942

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

Soper

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eastwood, Catherine

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

None

(a) Residence. No. 117 South Main St

(Usual place of abode)

St. Attleboro Mass

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

3 days

In this community

yrs.

mos.

3 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William Eastwood

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8 AGE

79

Years

7

Months

16

Days

If less than 1 day

Hours

Minutes

9 Occupation:

At home

10 Industry

or Business:

11 Social Security No.

None

12 BIRTHPLACE (City)

England

(State or country)

13 NAME OF FATHER

Jalm Soper

14 BIRTHPLACE OF FATHER (City)

England

(State or country)

15 MAIDEN NAME OF MOTHER

Catherine E Pyne

16 BIRTHPLACE OF MOTHER (City)

England

(State or country)

17

Henrietta Tapper

Relation, if any

(Address)

60 Babcock St

Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

January

2

1942

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from December 30, 1941, to Jan 2, 1942

I last saw her alive on Jan 1, 1942, death is said

to have occurred on the date stated above, at 2.05 AM

Duration

Immediate cause of death

Acute Myocarditis

Hemorrhage of Bowels

2 Days

Due to

Carcinoma of Bowels

Due to

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy

None

Date of

What test confirmed diagnosis?

No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Trauger, M. D.

(Address) 200 Washington St Date 1/3 1942

21 Forest Hills Cemetery Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL

January 3

1942

22 NAME OF FUNERAL DIRECTOR

J.S. Waterman & Sons

ADDRESS

Boston, Mass. D.W.P.

Received and filed

19

A TRUE COPY ATTEST:

(Registrar)

MARGIN RESERVED FOR BINDING

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200m-10-739, No. 8427-d

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4067

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
<p>1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. Winthrop Community Tr. St.</p>		<p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH</p>	
<p>2 FULL NAME John Usseglio (If deceased is a married, widowed or divorced woman, give also maiden name.) (a) Residence, No. 213 Webster St. East Boston (Usual place of abode) Length of stay: In hospital or institution None years 3 months 3 days (Before death) (Specify whether)</p>		<p>Registered No. 3 (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No (If nonresident, give city or town and State) In this community yrs. — mos. 3 days.</p>	
<p>3 SEX Male 4 COLOR OR RACE It. 5 SINGLE (write the word) Single MARRIED WIDOWED or DIVORCED</p>		<p>18 DATE OF DEATH Jan 3 1942 (Month) (Day) (Year)</p>	
<p>5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)</p>		<p>19 I HEREBY CERTIFY, That I attended deceased from Dec 31, 19 41 to Jan 3, 19 42 I last saw him alive on Jan 3, 19 42, death is said to have occurred on the date stated above, at 4:30 p.m. Immediate cause of death hemorrhage of new born hemorrhage Due to _____ Due to _____ Other conditions congenital heart (Include pregnancy within 3 months of death) Major findings: Of operations _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? none</p>	
<p>6 Age of husband or wife if alive _____ years 7 IF STILLBORN, enter that fact here. 8 AGE — Years — Months 3 Days 3 If less than 1 day Hours _____ Minutes _____ 9 Occupation: None Industry None or Business: None 11 Social Security No. None 12 BIRTHPLACE (City) Winthrop (State or country) Mass.</p>		<p>Duration 3 IMPORTANT Physician Underline the cause to which death should be charged statistically.</p>	
<p>13 NAME OF FATHER Charles Usseglio 14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass. 15 MAIDEN NAME OF MOTHER Helen Farnham 16 BIRTHPLACE OF MOTHER (City) Winthrop (State or country) Mass.</p>		<p>20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) John C. Cohen, M. D. (Address) 108 Huntington St. Date Jan 5, 19 42</p>	
<p>17 Informant (Address) Charles Usseglio, Father 213 Webster St. W. Boston I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/5/42 (Date of Issue of Permit)</p>		<p>21 Holy Cross Matk. H. Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Jan 5, 19 42 22 NAME OF FUNERAL DIRECTOR W. D. Childress ADDRESS Boston Received and filed JAN 6 1942 19 _____ (Registrar)</p>	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physiolan or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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100m-2-40-D-729-a

1	PLACE OF DEATH	Suffolk (County) Winthrop (City or Town) No. 90 Atlantic	St.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2		FULL NAME. Mary Ann Walsh nee Breckinridge (If deceased is married, widowed or divorced woman, give also maiden name.)		
		(a) Residence. No. 90 Atlantic St. (Usual place of abode) (If nonresident, give city or town and state)		
		Length of stay: In hospital or institution. — years — months — days. In this community 25 yrs. — mos. — days. (Specify whether)		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED		
Female	white	Widowed		
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)				
(or) WIFE of Declan A. Walsh (Husband's name in full)				
6 Age of husband or wife if alive. _____ years				
7 IF STILLBORN, enter that fact here.				
8 AGE 79 Years — Months — Days If less than 1 day Hours — Minutes				
9 Occupation: housewife Usual				
10 Industry: at home or Business:				
11 Social Security No. None				
12 BIRTHPLACE (City) London (State or country) England				
PARENTS	13 NAME OF FATHER James Breckinridge			
	14 BIRTHPLACE OF FATHER (City) England (State or country)			
	15 MAIDEN NAME OF MOTHER Catharine Casey			
	16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)			
17	Informant. Edward Walsh (son) (Address) Winthrop St. Winthrop			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childers (Signature of Agent of Board of Health or other) Health Officer 1/9/42 (Official Designation) (Date of Issue of Permit)				
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH Jan 7 1942 (Month) (Day) (Year)				
19 I HEREBY CERTIFY That I attended deceased from Dec 19, 1941 to Jan 7, 1942 I last saw him alive on Jan 6, 1942 death is said to have occurred on the date stated above, at 12.45 A.M. Immediate cause of death: Cerebral embolism Duration IMPORTANT 11 days				
Due to stroke (arteriosclerosis)				
Due to _____				
Other conditions. _____ (Include pregnancy within 3 months of death)				
IMPORTANT				
PHYSICIAN				
Major findings: _____ Of operations: _____ Date of _____ Of autopsy: _____ What test confirmed diagnosis? _____ Underline the cause to which death should be charged statistically.				
20 Was disease or injury in any way related to occupation of deceased? No				
If so, specify _____ M. D. (Signed) C. Trushinsky (Address) 14 Washington St. Date 1-8-1942				
21 St. Mary's Salem Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Jan. 10 1942				
22 NAME OF FUNERAL DIRECTOR Murray Murray ADDRESS 257 Beach St. Revere				
Received and filed Jan 10 1942 19____ (Registrar)				

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1	PLACE OF DEATH Sufflok (County)	2 FULL NAME Mary Oliver Hamilton (Barnes) (If deceased is a married, widowed or divorced woman, give also maiden name.)	18	DATE OF DEATH January 8, 1942 (Month) (Day) (Year)
1	Winthrop (City or Town)	(a) Residence. No. 65 Loring Road (Usual place of abode)	19	I HEREBY CERTIFY. That I attended deceased from May 5, 1941, to Jan 8, 1942
No. 65 Loring Road	St.	(If nonresident, give city or town and state)	I last saw her alive on Jan 8, 1942 death is said to have occurred on the date stated above, at 5 P. m.	Duration IMPORTANT
Length of stay: In hospital or institution	years — months — days.	In this community 25 yrs. — mos. — days.	Immediate cause of death	Chronic Myocarditis 6 mos.
(Specify whether)			Due to	Due to Senility
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed	Other conditions	Major findings:
6 Age of husband or wife if alive	7 IF STILLBORN, enter that fact here.	8 AGE 93 Years — Months — Days If less than 1 day Hours — Minutes	Due to	Of operations
9 Occupation: Housewife	10 or Business: Own Home	11 Social Security No. None	Due to	Of autopsy
12 BIRTHPLACE (City) Boston (State or country) Mass.	13 NAME OF FATHER David Barnes	14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.	What test confirmed diagnosis?	What test confirmed diagnosis?
15 MAIDEN NAME OF MOTHER Anna Maria (Unknown)	16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)	17 Informant: Harry D Hamilton (step-son) (Address) 65 Loring Rd. Winthrop Mass.	20 Was disease or injury in any way related to occupation of deceased? No	21 Forest Hills Boston Place of Burial, Cremation or Removal. (City or Town)
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:	Signature of Agent of Board of Health or other	DATE OF BURIAL January 10, 1942	22 NAME OF FUNERAL DIRECTOR Howard S. Dymally ADDRESS	Received and filed JAN 10 1942
(Official Designation)	(Date of Issue of Permit) 1/9/42			(Registrar)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

(If nonresident, give city or town and state)

In this community 25 yrs. — mos. — days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 8, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 5, 1941, to Jan 8, 1942
I last saw her alive on Jan 8, 1942 death is said to have occurred on the date stated above, at 5 P. m.
Immediate cause of death

Due to Chronic Myocarditis 6 mos.

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) Louis F. Salerno M. D.
(Address) 175 Pleasant St. Date Jan 9, 1942

21 Forest Hills Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 10, 1942

22 NAME OF FUNERAL DIRECTOR Howard S. Dymally
ADDRESS

Received and filed JAN 10 1942

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is hurried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Give some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-8

PLACEMENT OF DEATH

1 **PLACE OF DEATH** Winthrop
(City or Town)

No **Station Hospital, Fort Banks, Mass.**

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 6

2 **FULL NAME** William J. McCartney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) **Residence. No.** 40 Dartmouth Street **St.** Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution 5 years — months 5 days. In this community — yrs. — mos. 5 days.
(Specify whether)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>MARRIED Married</u> WIDOWED or DIVORCED	18 DATE OF DEATH <u>January 9, 1942</u> (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of <u>Emma Acornley</u> (Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from <u>January 4, 1942, to January 9, 1942</u> I last saw h. in alive on <u>January 8, 1942</u> , death is said to have occurred on the date stated above, at <u>2:45 p.m.</u> Immediate cause of death <u>Cerebral-vascular</u> <u>accident, cerebral thrombosis, mani-</u> <u>fest by partial right hemiplegia</u> <u>and terminal uremia.</u>	
(or) WIFE of _____ (Husband's name in full)			Duration IMPORTANT	
6 Age of husband or wife if alive <u>46</u> years				
7 IF STILLBORN, enter that fact here.				
8 AGE <u>62</u> Years <u>10</u> Months — Days <u>1</u> If less than 1 day Hours — Minutes				
9 Usual Occupation: <u>Retired</u>			Due to —	
10 Industry or Business: <u>Warrant Officer, U. S. Army</u>			Other conditions <u>Arteriosclerosis, senile,</u> (Include pregnancy within 3 months of death) <u>generalized.</u>	
11 Social Security No. <u>None</u>			IMPORTANT	
12 BIRTHPLACE (City) <u>Ireland</u> (State or country)			PHYSICIAN	
PARENTS	13 NAME OF FATHER <u>William J. McCartney</u>		Major findings: Of operations — — — — — Date of — — — — — Of autopsy — — — — — What test confirmed diagnosis? — — — — — Underline the cause to which death should be charged statistically.	
	14 BIRTHPLACE OF FATHER (City) <u>Scotland</u> (State or country)			
	15 MAIDEN NAME OF MOTHER <u>Catherine Redman</u>			
PARENTS	16 BIRTHPLACE OF MOTHER (City) <u>Ireland</u> (State or country)		20 Was disease of injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>John J. Calarco</u> (Signed) <u>John J. Calarco, Capt. M. C. M. D.</u> (Address) <u>Fort Banks, Mass.</u> Date <u>Jan. 2, 1942</u>	
	17 Informant <u>Emma McCartney</u> (wife) (Address) <u>40 Dartmouth St Boston</u>		21 <u>New Calvary</u> <u>Boston</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>Jan 12</u> 1942	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Chul de la Cruz</u> (Signature of Agent of Board of Health or other)			22 NAME OF FUNERAL DIRECTOR <u>Henry J. Murray</u> ADDRESS <u>254 Beach St Revere</u>	
<u>Health Officer</u> (Official Designation)			Received and filed <u>Jan 16 1942</u> 19 (Registrar)	

SPACE FOR ADDITIONAL INFORMATION.....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

1 PLACE OF DEATH Winthrop (County) Winthrop (City or Town)

No. en route to Fort Banks Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Bjornson (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 63 Central St. Winthrop St. (If U. S. War Veteran, specify WAR) No

(Usual place of abode)

Length of stay: In hospital or institution None years months days. In this community 6 yrs. 3 mos. 11 days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Married MARRIED WIDOWED OR DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive no years

7 IF STILLBORN, enter that fact here.

8 AGE 6 Years 3 Months 11 Days If less than 1 day Hours Minutes

9 Occupation: at school

10 Industry 1st grade

11 Social Security No. none

12 BIRTHPLACE (City) Winthrop Mass (State or country)

13 NAME OF FATHER Johannes Bjornson

14 BIRTHPLACE OF FATHER (City) Iceland (State or country)

15 MAIDEN NAME OF MOTHER Alice M. Erskine

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant Johannes Bjornson Relationship Father (Address) 63 Central St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D. Childers (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/12/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan - 11 - 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Crash of skid on
Crash of upper chest

20 Accident, suicide or homicide (specify) accidental Date of occurrence Jan 11 1942

Where did Injury occur? Winthrop Mass (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? highway (Specify type of place)

Manner of Injury Said to have been run over by Nature of Injury motor truck at Winthrop Jan 11-42

While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify Thy. B. Brickley (Signed) M. D.

(Address) Boston Date Jan 11 - 1942

22 Place of Burial, Cremation or Removal Winthrop Winthrop (City or Town)

DATE OF BURIAL Jan 13 1942

23 NAME OF FUNERAL DIRECTOR W. D. Childers ADDRESS Boston

Received and filed Jan 13 1942 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

DESCRIPTION (for unknown person).....

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 { PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 49 Pearl Ave.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 8

2 FULL NAME Isaac Cohen
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 49 Pearl Ave. St. Winthrop
(Usual place of abode)
(If nonresident, give city or town and State)
Length of stay: In hospital or institution — years — months — days. In this community 20 yrs. — mos. — days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED Married
5a If married, widowed, or divorced HUSBAND of Mollie Berman
(Give maiden name of wife in full)
(or) WIFE of ———
(Husband's name in full)
6 Age of husband or wife if alive 48 years
7 IF STILLBORN, enter that fact here.
8 AGE 48 Years — Months — Days | If less than 1 day Hours — Minutes
9 Occupation: Leather Merchant
10 Industry or Business: Proprietor
11 Social Security No. 011-12-9882
12 BIRTHPLACE (City) Boston, Mass.
(State or country)

PARENTS
13 NAME OF FATHER Hyman Cohen
14 BIRTHPLACE OF FATHER (City) Russia
(State or country)
15 MAIDEN NAME OF MOTHER Leah Hack
16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Mollie Cohen Relation if any wife
(Address) 49 Pearl Ave. Winthrop
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other) Wm. D. Childers
(Official Designation) Health Officer (Date of Issue of Permit) 1/13/42

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH January 11 1942
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from June 15 1941, to January 11 1942
I last saw him alive on January 11 1942 death is said to have occurred on the date stated above, at 4 P. M.
Immediate cause of death: Carcinoma of Rectum 9 mos.
Due to: General carcinomatosis 4 mos.
Due to: ———
Other conditions: ———
(Include pregnancy within 3 months of death)
Major findings: Carcinoma of Rectum with metastasis Date of June 20/41
Of operations: ———
Of autopsy: none
What test confirmed diagnosis? clinical & lab
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify: ———
(Signed) Jacob Phraus M.D. M. D.
(Address) 1562 Route St. Winthrop 10/2/42
21 Place of Burial, Cremation or Removal: Mish Kay Tefela M. P. Y. man
(City or Town)
DATE OF BURIAL Jan 13 1942
22 NAME OF FUNERAL DIRECTOR Henry Levine
ADDRESS 470 Harvard Avenue
Received and filed: JAN 13 1942 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 83, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.


Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
<p>1</p> <p><i>Suffolk</i> (County)</p> <p><i>Winthrop</i> (City or Town)</p> <p>No. <i>255 Pleasant St</i> <i>Winthrop</i> St. (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		 <p>STANDARD CERTIFICATE OF DEATH</p>		<p>Registered No. 10</p> <p>PHYSICIAN — IMPORTANT</p>	
<p>2 FULL NAME <i>Catherine H. Mc Govern (Sullivan)</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence, No. <i>255 Pleasant St</i> <i>Winthrop</i> St. (If nonresident, give city or town and State)</p> <p>Length of stay: In hospital or Institution <i>None</i> years months days. In this community <i>10</i> yrs. - mos. - days. (Before death) (Specify whether)</p>		<p>(Was deceased a U. S. War Veteran, if so specify WAR) <i>None</i></p>			
PERSONAL AND STATISTICAL PARTICULARS					
<p>3 SEX <i>Female</i></p> <p>4 COLOR OR RACE <i>White</i></p> <p>5 SINGLE (write the word) <i>Widowed</i> MARRIED WIDOWED or DIVORCED</p>		<p>18 DATE OF DEATH <i>January 16 1942</i> (Month) (Day) (Year)</p>			
<p>5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)</p> <p>(or) WIFE of <i>Barnard J. Mc Govern</i> (Husband's name in full)</p>		<p>19 I HEREBY CERTIFY, That I attended deceased from <i>Dec. 15</i>, 19<i>41</i>, to <i>Jan. 16</i>, 19<i>42</i></p> <p>I last saw h. <i>or</i> alive on <i>Jan 15</i>, 19<i>42</i> death is said to have occurred on the date stated above, at <i>1:10</i> m.</p> <p>Immediate cause of death <i>Myocarditis</i></p>			
<p>6 Age of husband or wife if alive _____ years</p> <p>7 IF STILLBORN, enter that fact here.</p> <p>8 AGE <i>80</i> Years - Months - Days If less than 1 day Hours Minutes</p>		<p>Due to <i>Arteriosclerosis</i></p> <p>Due to _____</p> <p>Other conditions _____ (Include pregnancy within 3 months of death)</p>			
<p>9 Occupation: <i>Housework</i></p> <p>10 Industry or Business: <i>At home</i></p> <p>11 Social Security No. <i>None</i></p>		<p>Major findings: _____ Of operations: _____ Date of _____</p> <p>Of autopsy _____</p> <p>What test confirmed diagnosis? <i>Clinical Signs</i></p>			
<p>12 BIRTHPLACE (City) <i>E Boston</i> (State or country) <i>Mass</i></p>		<p>Physician _____ Underline the cause to which death should be charged statistically.</p>			
<p>PARENTS</p> <p>13 NAME OF FATHER <i>John P Sullivan</i></p> <p>14 BIRTHPLACE OF FATHER (City) <i>Ireland</i> (State or country)</p> <p>15 MAIDEN NAME OF MOTHER <i>James Fitzgerald</i></p> <p>16 BIRTHPLACE OF MOTHER (City) <i>Ireland</i> (State or country)</p>		<p>20 Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify _____</p> <p>(Signed) <i>Daniel J. O'Leary</i>, M. D. (Address) <i>Winthrop</i> Date <i>Jan 17 1942</i></p> <p>21 <i>St. Joseph Cem.</i> <i>Boston</i> Place of Burial, Cremation or Removal. (City or Town)</p> <p>DATE OF BURIAL <i>Jan 15</i> 19<i>42</i></p>			
<p>17 Informant <i>John Mc Govern</i> (Relation, if any) <i>Son</i> (Address) <i>169 Pond St</i> <i>Salem</i></p>		<p>22 NAME OF FUNERAL DIRECTOR <i>Edwin J. Lane</i> ADDRESS <i>201 Bowdoin St</i> <i>Boston</i></p>			
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Wm. D. Childress</i> (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) <i>1/19/42</i></p>		<p>Received and filed <i>JAN 15 1942</i> 19 (Registrar)</p>			

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by **traumatism (including resulting septicemia)**, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e) 1-41-4667

WORCESTER (County)		RUTLAND (City or Town)		RUTLAND (City or town making return)	
1 PLACE OF DEATH		Rutland State Sanatorium		Registered No. 7 11	
2 FULL NAME		Mary Ellen McQuillan		(If U. S. War Veteran, specify WAR)	
(If deceased is a married, widowed or divorced woman, give also maiden name.)		63 Lowell Road		Winthrop, Mass.	
(a) Residence, No.		Sanatorium		(If nonresident, give city or town and State)	
(Usual place of abode)		Length of stay: In hospital or institution		In this community	
(Before death)		(Specify whether)		years 5 months 29 days. yrs. 5 mos. 29 days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)	13 DATE OF DEATH		
Female	White	MARRIED WIDOWED or DIVORCED	January 16, 1942		
5a If married, widowed, or divorced			(Month) (Day) (Year)		
HUSBAND of			19 I HEREBY CERTIFY, That I attended deceased from		
(or) WIFE of Edward P. McQuillan			July 18, 1941, to January 16, 1942		
(Husband's name in full)			I last saw her alive on January 16, 1942, death is said to		
6 Age of husband or wife if alive			have occurred on the date stated above, at 3:20 A.M. Duration		
7 IF STILLBORN, enter that fact here.			Immediate cause of death		
8 AGE 47 Years - Months - Days			Pulmonary tuberculosis 8 yrs.		
If less than 1 day			Due to		
Hours Minutes			Due to		
9 Usual Occupation: Housewife			Other conditions		
10 Industry or Business:			(Include pregnancy within 3 months of death)		
11 Social Security No.			Major findings:		
12 BIRTHPLACE (City) Ireland			Of operations		
(State or country)			Date of		
13 NAME OF FATHER John Slattery			Of autopsy		
14 BIRTHPLACE OF FATHER (City) Ireland			What test confirmed diagnosis Microscopical		
(State or country)			20 Was disease or injury in any way related to occupation of deceased?		
15 MAIDEN NAME OF MOTHER Cannot be learned			If so, specify Unknown		
16 BIRTHPLACE OF MOTHER (City) Ireland			(Signed) Paul Dufault M. D.		
(State or country)			(Address) Rutland State San. 1/16/42		
17 Informant Mary F. Mulcahy (daughter)			21 PLACE OF BURIAL Winthrop Cem. Winthrop		
(Address) 63 Lowell Rd. Winthrop			CREMATION OR REMOVAL (Cemetery) (City or Town)		
A TRUE COPY.			DATE OF BURIAL January 19, 1942		
ATTEST: Frances P. Hauff			22 NAME OF FUNERAL DIRECTOR John F. O'Maley		
(Registrar of city or town where death occurred)			ADDRESS Atlantic St., Winthrop		
DATE FILED January 16, 1942			Received and filed FEB 6 1942		
			(Registrar of City or Town where deceased resided)		

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH
 1. Suffolk
 (County)
Linthrop
 (City or Town)
 No. Linthrop Community Hospital



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 12

2 FULL NAME Sarah (McGinnis) George
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 85 Cliff Avenue St. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In hospital or institution 9 years — months 5 days. In this community 60 yrs. mos. days.
 (Before death) (Specify whether)

PHYSICIAN - IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS
 3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED Widowed
 WIDOWED
 or DIVORCED
 5a If married, widowed, or divorced
 HUSBAND of _____ (Give maiden name of wife in full)
 (or) WIFE of Walter Edward George
 (Husband's name in full)
 6 Age of husband or wife if alive _____ years
 7 IF STILLBORN, enter that fact here.
 8 AGE 88 Years _____ Months _____ Days If less than 1 day
 Hours _____ Minutes
 9 Usual Occupation: at home
 10 Industry _____
 or Business: _____
 11 Social Security No. _____
 12 BIRTHPLACE (City) _____
 (State or country) Nova Scotia

PARENTS
 13 NAME OF FATHER Angus McGinnis
 14 BIRTHPLACE OF FATHER (City) _____
 (State or country) Scotland
 15 MAIDEN NAME OF MOTHER Unable to obtain
 16 BIRTHPLACE OF MOTHER (City) _____
 (State or country) Unable to obtain

17 Informant Mrs. Maude Leonard Relation, if any
 (Address) 85 Cliff Ave. Linthrop Mass
 I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
 (Signature of Agent of Board of Health or other)
 (Official Designation) (Date of Issue of Permit) 7/19/42

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH January 17 1942
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from
January 12 1942 to January 17 1942
 I last saw him alive on January 17 1942 death is said to
 have occurred on the date stated above, at 4 P. m.
 Immediate cause of death Pneumonia Duration 1 day
 Due to senility 1 year
 Due to Chronic Hypertension 6 mos.
Degeneration
 Other conditions slow
 (Include pregnancy within 3 months of death)
 Major findings: no operations Physician
 Of operations _____ Underline the cause to which death should be charged statistically.
 Of autopsy none Date of _____
 What test confirmed diagnosis? clinical & laboratory
 20 Was disease or injury in any way related to occupation of deceased _____
 If so, specify _____
 (Signed) Jacob H. Grayson M. D.
 (Address) 522 Atlantic St. Boston Date Jan 18 1942
 21 Linthrop Community Hospital
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL January 20, 1942 19____
 22 NAME OF FUNERAL DIRECTOR Charles F. Bennison
 ADDRESS Linthrop Mass
 Received and filed JAN 20 1942 19____
 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk

(County)

1

Winthrop

(City or Town)

No. 193 Main St

2

FULL NAME Mary Ellen Illingworth

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 193 Main St.

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days.

In this community 20 yrs. — mos. — days.

Registered No. 13

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 46 Years 6 Months 9 Days If less than 1 day Hours Minutes

9 Occupation: Housework

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Alfred Illingworth

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Martha Ann Hinds

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Percy Illingworth (Brother) 193 Main St Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

January 23 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

January 15, 1937, to January 23, 1942
last saw her alive on January 23, 1942, death is said to have occurred on the date stated above, at 5:00 m.

Immediate cause of death Encephalitis lethargica

Due to Cerebral Hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: none

Of operations

Of autopsy

What test confirmed diagnosis Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) (Address) (Date)

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL January 25 1942

22 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

Sufflok
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 14

No. 142 Pleasant St. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Adelbert Baker
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 142 Pleasant St. St. (If nonresident, give city or town and state)
(Usual place of abode)
Length of stay: In hospital or institution. — years — months — days. In this community 42 yrs. — mos. — days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED OR DIVORCED Married
5a If married, widowed, or divorced HUSBAND of Jeannette Miller (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive 62 years
7 IF STILLBORN, enter that fact here.
8 AGE 66 Years 2 Months 17 Days If less than 1 day Hours Minutes
9 Occupation: Bookkeeper
10 Industry or Business: Furniture Store
11 Social Security No. 022-07-9669
12 BIRTHPLACE (City) West Dennis (State or country) Mass.
13 NAME OF FATHER Browning K Baker
14 BIRTHPLACE OF FATHER (City) West Dennis (State or country) Mass.
15 MAIDEN NAME OF MOTHER Abbie T Baxter
16 BIRTHPLACE OF MOTHER (City) West Dennis (State or country) Mass.
17 Informant Jeannette Baker (Address) 142 Pleasant St. Winthrop Relation, if any wife

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 24 1942 (Month) (Day) (Year)
19 I HEREBY CERTIFY. That I attended deceased from Jan 8, 1942, to Jan 24, 1942
I last saw h. in alive on Jan 23, 1942 death is said to have occurred on the date stated above, at 6 m.
Immediate cause of death cerebral hemorrhage
Duration IMPORTANT Jan 8-42
Due to Cerebral Hemorrhage
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased?
If so, specify Marked hemorrhage
(Signed) M. D. M. D.
(Address) 74 Green St. New York Date Jan 26 1942
21 South Dennis South Dennis
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 28 1942
22 NAME OF FUNERAL DIRECTOR Howard S. O'Connell
ADDRESS Winthrop Mass.
Received and filed 19
(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Health Officer (Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 1/26/42

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—IN THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

<p>1 PLACE OF DEATH</p> <p><u>Suffolk</u> (County)</p> <p><u>Wendell</u> (City or Town)</p> <p>No. <u>56 Washington Ave</u> St. (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>STANDARD</p> <p>CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. <u>15</u></p>	
		<p>PHYSICIAN - IMPORTANT</p> <p>(Was deceased a U. S. War Veteran, if so specify WAR)</p>			
<p>2 FULL NAME <u>Louise Elizabeth Brackett Field</u></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence, No. <u>56 Washington Ave</u> <u>Wendell</u> (Usual place of abode) (If nonresident, give city or town and State)</p> <p>Length of stay: In hospital or institution. _____ years _____ months _____ days. in this community <u>45</u> yrs. — mos. — days.</p> <p>(Before death) (Specify whether)</p>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
<p>3 SEX <u>Female</u></p> <p>4 COLOR OR RACE <u>White</u></p> <p>5 SINGLE (write the word) <u>WIDOWED</u></p>		<p>18 DATE OF DEATH <u>Jan 24 1942</u></p> <p>(Month) (Day) (Year)</p>			
<p>5a If married, widowed, or divorced HUSBAND of <u>William H. Field</u> (Give maiden name of wife in full)</p> <p>(or) WIFE of <u>William H. Field</u> (Husband's name in full)</p>		<p>19 I HEREBY CERTIFY, That I attended deceased from <u>Dec 3 1941</u> to <u>Jan 24 1942</u></p> <p>I last saw her alive on <u>Jan 24 1942</u> death is said to have occurred on the date stated above, at _____ P.M.</p> <p>Immediate cause of death <u>Myocardial infarction</u> <u>Jan 23 1942</u></p>			
<p>6 Age of husband or wife if alive _____ years</p> <p>7 IF STILLBORN, enter that fact here.</p> <p>8 AGE <u>87</u> Years <u>5</u> Months <u>18</u> Days If less than 1 day Hours _____ Minutes</p>		<p>Due to <u>Generalized arterial disease</u> <u>1930</u></p> <p><u>Cholelithiasis</u></p> <p>Due to <u>Cholecystitis (acute)</u> <u>Jan 23 1942</u></p> <p><u>Diabetic Mellitus</u> <u>2 mos</u></p>			
<p>9 Occupation: <u>at home</u></p> <p>10 Industry or Business: _____</p>		<p>Other conditions (include pregnancy within 3 months of death)</p> <p>Major findings: <u>none</u></p> <p>Of operations: _____</p> <p>Date of _____</p> <p>Of autopsy: <u>none</u></p> <p>What test confirmed diagnosis? <u>Clinical</u></p>			
<p>11 Social Security No. _____</p> <p>12 BIRTHPLACE (City) <u>Pennsford</u> (State or country) <u>me</u></p>		<p>Physician <u>Dr. J. H. 341</u></p> <p>Underline the cause to which death should be charged statistically.</p>			
<p>PARENTS</p>		<p>13 NAME OF FATHER <u>Peter Brackett</u></p> <p>14 BIRTHPLACE OF FATHER (City) <u>unable to obtain</u> (State or country) <u>me</u></p> <p>15 MAIDEN NAME OF MOTHER <u>Betsy Abbott</u></p> <p>16 BIRTHPLACE OF MOTHER (City) <u>unable to obtain</u> (State or country) <u>me</u></p>			
		<p>17 Informant <u>Grace Pettengill</u> (Address) <u>56 Washington Ave</u> Relation, if any <u>(Daughter)</u></p>			
		<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p><u>Wm. S. Childress Jr.</u> (Signature of Agent of Board of Health or other)</p> <p><u>Health Officer</u> (Official Designation) <u>1/26/42</u> (Date of Issue of Permit)</p>			
		<p>20 Was disease or injury in any way related to occupation of deceased? <u>no</u></p> <p>If so, specify _____</p> <p>(Signed) <u>Sydney W. Dickinson</u> M. D. (Address) <u>Wendell</u> Date <u>Jan 25 1942</u></p> <p>21 <u>Wendell</u> Place of Burial, Cremation or Removal (City or Town)</p> <p>DATE OF BURIAL <u>Jan 27</u> <u>Wendell</u> 1942</p> <p>22 NAME OF FUNERAL DIRECTOR <u>C. R. Benson</u></p> <p>ADDRESS <u>Wendell</u></p> <p>Received and filed _____ 19 _____</p> <p>(Registrar)</p>			

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made, . . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make no entry in this section for every person aged 1 year or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WHITE PLAIN, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d) 1-41-4067

<p>1 PLACE OF DEATH</p> <p>Suffolk (County)</p> <p>Wimbor (City or Town)</p> <p>No. 61 Orlando Ave</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>STANDARD</p> <p>CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. 16</p>	
		<p>St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>PHYSICIAN - IMPORTANT</p> <p>(Was deceased a U. S. War Veteran, if so specify WAR)</p>	
<p>2 FULL NAME Harry Wallace Aiken</p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p> <p>(a) Residence, No. 61 Orlando Ave St. (If nonresident, give city or town and State)</p> <p>(Usual place of abode)</p> <p>Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 63 yrs. - mos. - days.</p>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED married	18 DATE OF DEATH 25 42		
<p>5a If married, widowed, or divorced HUSBAND of George S. Patrick</p> <p>(Give maiden name of wife in full)</p> <p>(or) WIFE of (Husband's name in full)</p>			<p>19 I HEREBY CERTIFY, That I attended deceased from 11/21/42, 19 to 1/25, 1942</p> <p>I last saw him alive on 1/25, 1942, death is said to have occurred on the date stated above, at 9:30 a.m.</p>		
6 Age of husband or wife if alive 64 years			Duration		
7 IF STILLBORN, enter that fact here.			IMPORTANT		
8 AGE 72 Years 4 Months 15 Days If less than 1 day Hours Minutes			Cause of death		
9 Occupation: Teacher			Due to		
10 Industry or Business: Wm. H. Trust Co			Due to		
11 Social Security No.			Other conditions (Include pregnancy within 3 months of death)		
12 BIRTHPLACE (City) Somerville (State or country) Massachusetts			IMPORTANT		
13 NAME OF FATHER William G. Aiken			Physician		
14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts			Underline the cause to which death should be charged statistically.		
15 MAIDEN NAME OF MOTHER Emma G. Underhill			Date of		
16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Massachusetts			Of autopsy		
17 Informant Harry W. Aiken Jr (Son) (Address) 61 Orlando Ave			What test confirmed diagnosis?		
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transp. permit was issued:</p> <p>Harry S. Childress (Signature of Agent of Board of Health or other)</p> <p>Health Officer (Official Designation) 1/27/42 (Date of Issue of Permit)</p>			<p>20 Was disease or injury in any way related to occupation of deceased? No</p> <p>If so, specify (Signed) Harry Aiken Jr, M. D. (Address) 121 North St. Date 1/26, 1942</p> <p>21 Place of Burial, Cremation or Removal (City or Town) North St. DATE OF BURIAL 1/27/42</p> <p>22 NAME OF FUNERAL DIRECTOR C. R. Bennett ADDRESS 121 North St.</p>		
Received and filed 1/27/42			19		

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;—General Laws, Chap. 38, Sec. 6.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Blank home entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

FEB 9 1942

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 12

2 FULL NAME. Concetta Dello Iacono (Alunni)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 220 Hanover

(Usual place of abode)

St. Boston

(If nonresident, give city or town and state)

Length of stay: In hospital or institution 28 - years - months 1 days

(Specify whether)

In this community 28 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)
Female	White	MARRIED
		WIDOWED
		or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Ralph Dello Iacono

(Husband's name in full)

6 Age of husband or wife if alive. 28 years

7 IF STILLBORN, enter that fact here.

8 AGE 28 Years - Months - Days If less than 1 day

Hours - Minutes

9 Occupation: Housewife

10 Industry At Home

or Business:

11 Social Security No. 028-05-1969

12 BIRTHPLACE (City) Boston

(State or country)

13 NAME OF FATHER Edward Alunni

14 BIRTHPLACE OF FATHER (City) Italy

(State or country)

15 MAIDEN NAME OF MOTHER Rose Paolucci

16 BIRTHPLACE OF MOTHER (City) Italy

(State or country)

17 Informant. Ralph Dello Iacono, Relation, if any (husband)

(Address) 220 Hanover St., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Philbrick

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 12

2 FULL NAME. Concetta Dello Iacono (Alunni)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 220 Hanover

(Usual place of abode)

St. Boston

(If nonresident, give city or town and state)

Length of stay: In hospital or institution 28 - years - months 1 days

(Specify whether)

In this community 28 yrs. - mos. - days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 25 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1942 to January 25, 1942

I last saw him alive on Jan 25, 1942, death is said to have occurred on the date stated above, at 5:45 A.M.

Immediate cause of death Embolism

Duration

1 hr.

Due to Pregnancy

9 mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Subacute Scabies

(Signed) M. D.

(Address) 395 Commonwealth Ave Jan 25, 1942

21 St. Michael Boston

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Jan 28, 1942

22 NAME OF FUNERAL DIRECTOR Frank Scaramella

ADDRESS 39 Orleans St., East Boston

Received and filed Jan 29 1942

19

A TRUE COPY ATTEST:

(Registrar)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 200 Washington Ave Winthrop

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Earl P. Beddeos

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 532 Shirley St.

(Usual place of abode)

St.

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years..... months..... days.

(Specify whether)

In this community 26 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed
---------------	--------------------------	--

5a If married, widowed, or divorced

HUSBAND of Fanny Brown

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years — Months 25 Days If less than 1 day Hours Minutes

9 Occupation: Decorator

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Arlington Mass.
(State or country)

13 NAME OF FATHER James Beddeos

14 BIRTHPLACE OF FATHER (City) not known
(State or country)

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) not known
(State or country)

17 Relation, if any

Informant Earl P. Beddeos Jr. (Son)
(Address) 532 Shirley St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/1/42

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

St.

(If nonresident, give city or town and state)

In this community 26 yrs. — mos. — days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 29, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 6, 1939, to January 29, 1942

I last saw him alive on January 29, 1942, death is said to have occurred on the date stated above, at 4:40 p. m.

Immediate cause of death

Angina Pectoris

Due to Coronary Sclerosis

Due to

Other conditions Chronic Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Trainor M. D.
(Address) 200 Main St., Winthrop Date Jan. 31, 1942

21 Winthrop Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Feb. 2, 1942 19

22 NAME OF FUNERAL DIRECTOR Richard B. White

ADDRESS 147 Winthrop St., Winthrop

Received and filed 3 - 1942 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

1 PLACE OF DEATH
 Suffolk (County)
 Wintthrop (City or Town)
 No. 60 Quincy Ave



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 19

2 FULL NAME Thomas Morris Jr
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 60 Quincy Ave Wintthrop
 (Usual place of abode)

Length of stay: In hospital or institution — years months days. In this community — yrs. / mos. 23 days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full)		
(or) WIFE of — (Husband's name in full)		
6 Age of husband or wife if alive — years		
7 IF STILLBORN, enter that fact here.		
8 AGE — Years 1 Months 23 Days If less than 1 day Hours — Minutes —		
9 Usual Occupation: none		
10 Industry or Business: —		
11 Social Security No. —		
12 BIRTHPLACE (City) Boston (State or country) Mass		
PARENTS	13 NAME OF FATHER Thomas J. Morris	
	14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass	
	15 MAIDEN NAME OF MOTHER Catherine Brady	
	16 BIRTHPLACE OF MOTHER (City) Wintthrop (State or country) Mass	
17 Informant Mr. Catherine Morris (Mother) (Address) 60 Quincy Ave Wintthrop		

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
 (Signature of Agent of Board of Health or other)

Agent Jan 31/42
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH	January 31-1942 (Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Asphyxiation: Positional Positional	
20 Accident, suicide or homicide (specify) accidental Date of occurrence Jan-31-1942	
Where did Injury occur? Wintthrop (City or Town and State)	
Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)	
Manner of Injury Found dead in mother's bed Nature of Injury —	
While at work? —	Was there an autopsy? no
21 Was disease or injury in any way related to occupation of deceased? — If so, specify —	
(Signed) John J. Brickley	M. D.
(Address) Boston	Date - 31-1942
22 Place of Burial, Cremation or Removal Brookline (City or Town)	
DATE OF BURIAL February 1 1942	
23 NAME OF FUNERAL DIRECTOR J. J. Treacy ADDRESS 867 Beacon St Boston	
Received and filed — 19 — Registrar	

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



Cambridge

(City or town making return)

Registered No. 86 20

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Cambridge Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel White

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 158 Cliff Ave.

(Usual place of abode)

St. Winthrop

Length of stay: In hospital or institution. Hosp. years months 2 days.

(Specify whether)

(If nonresident, give city or town and state)
In this community 21 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W.

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of

Sylvia Robbins

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 34

years

7 IF STILLBORN, enter that fact here.

8

AGE 43

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Meat Market

Prop

Industry

10 or Business:

none

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

Jacob White

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Dora Cannot be learned

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant

(Address)

Sylvia White

Relationship, if any

158 Cliff Ave. Winthrop Mass.

A TRUE COPY.

ATTEST:

Jan 22, 1942

(Registrar of city or town where death occurred)

DATE FILED

Frederick H. Burk

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Jan 21, 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 16, 1942 to Jan 20, 1942

I last saw him alive on Jan 20, 1942, death is said to have occurred on the date stated above, at 12 30 a.m. Duration

Immediate cause of death

Intestinal obstruction

4 days

Due to internal abdominal hernia

Due to Congenital bands

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations Gangrene of small intestines

Date of 1/20/42

Of autopsy

What test confirmed diagnosis? X Ray

Underline the cause to which death should be charged statistically.

Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Emanuel dentsch

M. D.

(Address) 469 Beacon St.

Date 1/21 19 42

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

Adath Jeshwin West Roxbury

DATE OF BURIAL

Jan 23, 1942

19

22 NAME OF FUNERAL DIRECTOR

Manuel Stanetsky

ADDRESS

10 Washington St. Ddr.

Received and filed

JAN 13 1942

19

(Registrar of City or Town where deceased resided)

PARENTS

50m-10-739, No. 8427-f

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

PLACE OF DEATH

SUFFOLK
BOSTON (County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 798

No. The Infants Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael Rose
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 180 Shirley St. Winthrop

(Usual place of abode)
Length of stay: In hospital or institution..... years months days. (Specify whether)
(If nonresident, give city or town and state)
In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE..... Years..... Months..... Days.....
If less than 1 day Hours..... Minutes.....

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass
(State or country)

13 NAME OF FATHER Michael Rose

14 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

15 MAIDEN NAME OF MOTHER Anna Croll

16 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)

17 Informant father (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: FAY
(Registrar of city or town where death occurred)

DATE FILED 1/29/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 26 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 1/20/42, 19, to 1/26/42, 19

I last saw him alive on 1/26/42, 19, death is said to have occurred on the date stated above, at 1/10P m.

Immediate cause of death prematurity Duration 1 dy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W I Franke M. D.
(Address) Boston Date 1/26/42

21 PLACE OF BURIAL Beth Joseph Woburn
(Cemetery) (City or Town)

DATE OF BURIAL Jan 27 1942 19

22 NAME OF FUNERAL DIRECTOR M Stanetsky

ADDRESS Boston

Received and filed Jan 30 1942 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 902

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Cronan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(U. S. War Veteran, specify WAR)

(a) Residence, No.

395 Shirley Ave

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.

years

months

days

In this community

yrs.

mos.

days

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Catherine Haley

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: retired

10 Industry or Business: house painter

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Malden Mass

13 NAME OF FATHER John A Cronan

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Margaret Sullivan

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Charlotte Cronan Relation, if any sister (Address)

A TRUE COPY.

ATTEST: Francis J. Ryan (Registrar of city or town where death occurred)

DATE FILED 2/2/42

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 28 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fractured skull

probably accidental fall
alcoholism

20 Accident, suicide, or homicide (specify)

Date of occurrence Jan 26 19 42

Where did injury occur? Boston (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? street? (Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy? yes-head

21 Was disease or injury in any way related to occupation of deceased?

22 I so, specify (Signed) Timothy Leary M. D. (Address) Boston Date 1/29/42

23 Place of Burial, Cremation or Reinterment Cambridge Camb (City or Town) DATE OF BURIAL Jan 31 1942 19

23 NAME OF FUNERAL DIRECTOR O P Doonan Sons ADDRESS Malden

Received and Filed FEB 10 1942 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39, No. 8427-g



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c) 1-1-1-4667

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

**COPY OF
CERTIFICATE OF DEATH**

Registered No. 928 **23**

1 PLACE OF DEATH

(County)
(City or Town)
No. Beth Israel Hospital



St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hyman Bloomberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 17 Cutler St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) married
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced HUSBAND of Sarah Sandler
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days | If less than 1 day
Hours Minutes

Usual Occupation: real estate

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Nathan Bloomberg

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Sarah -

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Harry Bloomberg (Relation, if any) son
(Address)

A TRUE COPY.

ATTEST: Thomas J. Ryan
(Registrar of city or town where death occurred)

DATE FILED 2/3/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 30 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/13/42, 1942 to 1/30/42, 1942
I last saw him alive on 1/30/42, 1942, death is said to have occurred on the date stated above, at 9/40P m.

Immediate cause of death congestive heart failure 3 yrs

Due to rheumatic heart disease yrs

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Date of.....
Of autopsy.....

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify A. J. Linenthal M. D.
(Signed) (Address) Boston Date 1/30/1942

21 PLACE OF BURIAL, CREMATION OR REMOVAL Crawford W Rox
(Cemetery) (City or Town)

DATE OF BURIAL Feb 1 1942 19

22 NAME OF FUNERAL DIRECTOR B F Solomon
ADDRESS Brookline

Received and filed Feb 10 1942 19

(Registrar of City or Town where deceased resided)



N. B.—WHILE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

1 PLACE OF DEATH
Sufflok
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 21

2 FULL NAME Harold Joseph Turner
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 145 Herman St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital - years - months 1 days. In this community 40 yrs. - mos. - days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced Frances Mahoney
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 38 years

7 IF STILLBORN, enter that fact here.

8 AGE 41 Years 9 Months 5 Days If less than 1 day Hours Minutes

9 Occupation: Usual Assembler

10 Industry or Business: Automobile Factory

11 Social Security No. 021-10-1467

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

13 NAME OF FATHER James Turner

14 BIRTHPLACE OF FATHER (City) Lewiston
(State or country) Maine

15 MAIDEN NAME OF MOTHER Lillie Maude Woodside

16 BIRTHPLACE OF MOTHER (City) San Francisco
(State or country) California

17 Informant James Turner (Father)
(Address) 145 Herman St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/6/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 2 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 27, 1942, to Feb 2, 1942.
I last saw him alive on Feb 2, 1942, death is said to have occurred on the date stated above, at 1:23 A. M.

Immediate cause of death Bacterial Endocarditis
Duration 4 days

Due to Bronchitis 8-10 days

Due to Double Mitral Lesion

Other conditions Chronic Rheumatic Heart Disease 40 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations - Date of -
Of autopsy - What test confirmed diagnosis? Clinical
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Physician Medical (Address) 148 W. Main St. Date 2/3 1942

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL February 7 1942

22 NAME OF FUNERAL DIRECTOR Howard S. Brinkley
ADDRESS Winthrop Mass

Received and filed FEB 6 1942 19

(Registrar)

SPACE FOR ADDITIONAL INFORMATION.....

WHITE PLAIN, WITH OR WITHOUT BLACK INK. IT IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 171 Berere



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 25

2 FULL NAME John P. Lynch
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 171 Berere St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution No. years months days. In this community 34 yrs. - mos. - days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 67 Years Months Days If less than 1 day Hours Minutes
9 Occupation: Meat Cutter
Industry or Business: Meat Market
11 Social Security No. 011-05-8170
12 BIRTHPLACE (City) U. S. (State or country)

PARENTS
13 NAME OF FATHER William J. Lynch
14 BIRTHPLACE OF FATHER (City) Brooklyn (State or country) U. S.
15 MAIDEN NAME OF MOTHER Mary L. Smith
16 BIRTHPLACE OF MOTHER (City) Brooklyn (State or country) U. S.

17 Informant Mrs. Loretta E. Brouhard (sister) Relation, if any
(Address) 171 Berere St., Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
W. W. P. Clark (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/5/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 2 3 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/10, 1941, to 2/3, 1942

I last saw him alive on 2/2, 1942, death is said to have occurred on the date stated above, at 5 P.M.

Immediate cause of death: Cancerous Intestines

Due to: Due to: Other conditions: (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations: Date of: Of autopsy: What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify: (Signed) Harvey A. Kelly, M. D. (Address) Springfield, Mass. Date 12/4/42

21 St. Joseph's Boston Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL February 5, 1942

22 NAME OF FUNERAL DIRECTOR W. J. Kelly ADDRESS 11 Wendell St., B. 13, Resolved and filed 5 1942 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-728-a

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 500 Somerset Ave.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 26

2 FULL NAME William M. Bride
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 500 Somerset Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
(If U. S. War Veteran, specify WAR) none
Length of stay: In hospital or institution none years months days. In this community 3 yrs. — mos. — days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

5a If married, widowed, or divorced HUSBAND of Catherine Middleton
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual retired messenger

Industry or Business: Mill Business

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Unknown M. Bride

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs. Catherine T. Teller (Daughter) Relationship, if any
(Address) 500 Somerset Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)

Health Officer 2/4/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 2 3 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from August 1941, to 7-23-42, 1942

I last saw him alive on 2-3-42, 1942 death is said to have occurred on the date stated above, at 4 P.M.

Immediate cause of death

Due to Edema of Lungs 2 days

Due to

Other conditions Extensive Haemorrhage 6 mos. IMPORTANT

(Include pregnancy within 3 months of death)

Major findings: Of operations Date of Underline the cause to which death should be charged statistically.

Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) J. H. Smith M. D. (Address) 123 Main St. Date 2/3 1942

21 St. Joseph's Boston Mass. Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Feb. 6 1942

22 NAME OF FUNERAL DIRECTOR J. D. Fallon & Son ADDRESS 7 Greenough Ave. Boston, Mass.

Received and filed 1942

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In hospital or institution (Specify whether)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 27

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

{ (If U. S.
War Veteran, specify WAR) no

(If nonresident, give city or town and state)

In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED divorced or DIVORCED

5a If married, widowed or divorced HUSBAND of Helen M. Knight (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years Months Days If less than 1 day Hours Minutes

9 Occupation Linotype operator

10 Industry or Business Boston Post Newspaper

11 Social Security No. 025-83-1169

12 BIRTHPLACE (City) Wakefield (State or country) Mass

13 NAME OF FATHER Frank Grant

14 BIRTHPLACE OF FATHER (City) Maine (State or country)

15 MAIDEN NAME OF MOTHER Ida Tupper

16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant (Address) Paul Grant (Relation, if any) Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/10/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 6, 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Strangling Asphyxiation

20 Accident, suicide or homicide (specify) suicide Date of occurrence 3/6 1942

Where did Injury occur? Winthrop, Mass. (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coaching & Laundry M. D. (Address) 277/42

22 Place of Burial, Cremation or Removal Winthrop Cemetery Winthrop (City or Town)

DATE OF BURIAL Feb 10 1942

23 NAME OF FUNERAL DIRECTOR F. B. Brooker

ADDRESS 210 Winthrop St Winthrop

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH

1

Suffolk
(County)
Wintthrop
(City or Town)

No.

246 Shore drive

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Filipo Lepore

(a) Residence, No.

(Usual place of abode)

246 Shore drive

St.

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

(Before death)

(Specify whether)

years — months — days.

In this community *15* yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED*Male White**Widowed*

5a If married, widowed or divorced

HUSBAND of

Caterina Cambelli

(Give maiden name of wife in full)

(or) WIFE of

Caterina Cambelli

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE *79* Years — Months — Days

If less than 1 day

Hours — Minutes

Usual

9 Occupation:

Retired Tailor

Industry

10 or Business:

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Italy

13 NAME OF

FATHER

Leopoldo

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

15 MAIDEN NAME

OF MOTHER

Bridget Faltotoci

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

17

Informant

(Address)

Anna Lepore

Relation, if any

(Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

28

Registered No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH*Feb**6**1942*

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

*October 10, 1940, to February 6, 1942*I last saw him alive on *February 6, 1942* death is said tohave occurred on the date stated above, at *11 P.* m.Immediate cause of death *arteriosclerosis*

Duration

IMPORTANT

*2 weeks**Tricus with Cardiac*Due to *Compensation*Due to *Serulity*

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *S. J. Delmonico*(Address) *666 Ave. Park Ave.*Date *Feb 7, 1942*

M. D.

21 Place of Burial, Cremation or Removal

(City or Town)

*Holy Cross Cem. Matten*DATE OF BURIAL *Feb 10, 1942*

22 NAME OF

FUNERAL DIRECTOR *Joseph A. Romano*ADDRESS *190 North St. Boston*Received and filed *FEB 9 1942*

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. E.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

FORM R-301 A

100m-10-139. No. 8427-e

BOSTON NOTIFIED		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1 PLACE OF DEATH <i>Suffolk</i> (County) <i>Winthrop</i> (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. <i>29</i>	
No. <i>Winthrop Community Hospital</i> St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)				(If U. S. War Veteran, specify WAR)	
2 FULL NAME <i>Baby (Girl) Mastromarino</i> (If deceased in a married, widowed or divorced woman, give also maiden name.)					
(a) Residence. No. <i>14 Leyden</i> St. <i>East Boston</i> (Usual place of abode)				(If nonresident, give city or town and state)	
Length of stay: In hospital or institution <i>Hospital</i> years months days. In this community yrs. mos. days. (Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED <i>Single</i> (write the word)	18 DATE OF DEATH <i>Feb 8 1942</i> (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)			19 I HEREBY CERTIFY That I attended deceased from <i>Feb 5 1942</i> to <i>Feb 8 1942</i> I last saw her alive on <i>Feb 8 1942</i> death is said to have occurred on the date stated above, at <i>8 P.M.</i> Duration IMPORTANT		
(or) WIFE of (Husband's name in full)			Immediate cause of death <i>Premature Birth</i> <i>4 months premature</i>		
6 Age of husband or wife if alive years			Due to		
7 IF STILLBORN, enter that fact here. <i>Stillborn</i>			Due to		
8 AGE Years Months Days If less than 1 day Hours Minutes			Other conditions (Include pregnancy within 3 months of death)		
9 Usual Occupation: <i>✓</i>			Major findings: Of operations Date of		
10 Industry or Business: <i>✓</i>			Of autopsy What test confirmed diagnosis?		
11 Social Security No. <i>Winthrop, Mass.</i>			20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>Dr. Michael S. B. East Boston</i> M. D. (Address) <i>235 Avenue B</i> Date <i>2/11 1942</i>		
12 BIRTHPLACE (City) (State or country) <i>Winthrop, Mass.</i>			21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <i>Feb 11 1942</i>		
13 NAME OF FATHER <i>Daniel Mastromarino</i>			22 NAME OF FUNERAL DIRECTOR <i>Michael S. B. East Boston</i> ADDRESS <i>978 Avenue B East Boston</i>		
14 BIRTHPLACE OF FATHER (City) (State or country) <i>East Boston, Mass.</i>			Received and filed <i>2/11/42</i> 19		
15 MAIDEN NAME OF MOTHER <i>Julia Pingaro</i>			(Registrar)		
16 BIRTHPLACE OF MOTHER (City) (State or country) <i>East Boston, Mass.</i>					
17 Informant <i>Daniel Mastromarino Father</i> Relation, if any (Address) <i>14 Leyden St. East Boston</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Wm. D. Childress</i> (Signature of Agent of Board of Health or other) <i>Health Officer</i> (Official Designation) <i>2/11/42</i> (Date of Issue of Permit)					

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

30

Registered No. 1254

PLACE OF DEATH

SUFFOLK
BOSTON
(City or Town)



No. Peter Bent Brigham Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret L Rockett
(If deceased in a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 82 Waldemar Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Edward J. Rockett (Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days If less than 1 day Hours Minutes

9 Occupation:

Industry at home
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Gloucester Mass
(State or country)

13 NAME OF FATHER Alfred Schiverec

14 BIRTHPLACE OF FATHER (City) Prince Edward Is
(State or country)

15 MAIDEN NAME OF MOTHER Judith Peters

16 BIRTHPLACE OF MOTHER (City) P E I
(State or country)

17 Informant husband (Relation, if any)
(Address)

A TRUE COPY Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 2/12/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 9 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/23/42, 19, to 2/9/42, 19.
I last saw her alive on 2/9/42, 19, death is said to have occurred on the date stated above, at 3/10P m.

Immediate cause of death. pulmonary embolism term
thrombo-phlebitis of left leg 1 mo
Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy. Date of autopsy. What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) H Benjamin M. D. (Address) Boston Date 2/10/42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (Cemetery) (City or Town)

DATE OF BURIAL Feb 12 1942 19

22 NAME OF FUNERAL DIRECTOR M J Kelly ADDRESS Boston

Received and filed. MAR 9 1942 19

(Registrar of City or Town where deceased resided)

50m (e)-1-41-4667



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

suffolk.
(County)
Winthrop, Mass.
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 31

No. 15 George Street, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary J. O'Donnell. (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 15 George Street. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days. In this community 74 yrs. — mos. — days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female. 4 COLOR OR RACE White. 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of Dennis F. O'Donnell. (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years. — Months. — Days. If less than 1 day Hours. Minutes

9 Occupation Housework. Usual

10 or Business At Home. Industry

11 Social Security No. None.

12 BIRTHPLACE (City) Roxbury, Mass. (State or country)

13 NAME OF FATHER Patrick Carey.

14 BIRTHPLACE OF FATHER (City) Ireland. (State or country)

15 MAIDEN NAME OF MOTHER Catherine Glynn.

16 BIRTHPLACE OF MOTHER (City) Ireland. (State or country)

17 Relation, if any

Informant Mr. Joseph O'Donnell (Address) 15 George Street, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 10 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 30, 1939, to February 9, 1942

I last saw her alive on February 9, 1942, death is said to have occurred on the date stated above, at 10 20 P. m.

Immediate cause of death. Duration

Cerebral hemorrhage 4 yrs. 1 month 4 days

Due to. Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Date of.

Of autopsy. What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Francis N. Higgins, M. D. (Address) 520 Commercial Street, Boston, Mass. Date 2/12/1942

21 New Calvary, Boston, Mass. Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL February 14, 1942

22 NAME OF FUNERAL DIRECTOR Martin E. Kelly. ADDRESS 109 Newbury St. Roxbury

Received and filed. 1942

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is hurried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be hurried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH { Suffolk (County)
Wentworth (City or Town)
No. 238 Shirley St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 32

2 FULL NAME Bennett Atkins
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 238 Shirley St. Wentworth
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community 21 yrs. — mos. — days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4** COLOR OR RACE White **5** SINGLE (write the word)
Married Widower
6 If married, widowed, or divorced
HUSBAND of Anna Kretzmer
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)
6 Age of husband or wife if alive _____ years
7 IF STILLBORN, enter that fact here.
8 AGE 82 Years _____ Months _____ Days | If less than 1 day
Hours _____ Minutes
Usual Occupation: Hebrew teacher
Industry or Business: For himself
11 Social Security No. none
12 BIRTHPLACE (City) Russia
(State or country)

PARENTS

13 NAME OF FATHER Isaac Atkins
14 BIRTHPLACE OF FATHER (City) Russia
(State or country)
15 MAIDEN NAME OF MOTHER Sarah (Could not be learned)
16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Joseph Atkins Relation, if any Son
(Address) 238 Shirley St. Wentworth
I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:
Wm. D. Chil dress
(Signature of Agent of Board of Health or other)
Health Officer 2/12/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 11 1942
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from
Feb 4, 1942, to Feb 11, 1942
I last saw him alive on Feb 11, 1942, death is said to
have occurred on the date stated above, at 10³⁰ P. M.
Immediate cause of death _____
coronary thrombosis
Due to thrombosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Date of _____
Of autopsy _____
What test confirmed diagnosis? _____
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Frederick M. D.
(Address) 100 Memorial St. Boston Date Feb 11, 1942
21 Place of Burial, Cremation or Removal West Roxbury
(City or Town)
DATE OF BURIAL Feb 12, 1942
22 NAME OF FUNERAL DIRECTOR Marcel Stanetty
ADDRESS 10 Washington St. Boston
Received and filed _____ 1942
(Registrar)

IMPORTANT

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. C. L. Chap. 46, Sec. 10.

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

BOSTON NOTIFIED

3/9/42

Suffolk

(County)

Boston

(City or Town)

No. 125 Cliff Ave. (Mrs. Pauls Rest Home)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 33

1 PLACE OF DEATH

2 FULL NAME Maria Josephine Cook

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 56 Presentation Road Brighton. St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. 8 years 8 months - days. In this community - yrs. 8 mos. - days.

(Before death)

(Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female. 4 COLOR OR RACE White. 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed.

5a If married, widowed, or divorced

HUSBAND of John (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive - years

7 IF STILLBORN, enter that fact here. -

8 AGE 70 Years - Months - Days | If less than 1 day Hours - Minutes

Usual Occupation: At home.

10 Industry or Business: -

11 Social Security No. None.

12 BIRTHPLACE (City) Ireland. (State or country)

13 NAME OF FATHER Andrew Ahearn.

14 BIRTHPLACE OF FATHER (City) Ireland. (State or country)

15 MAIDEN NAME OF MOTHER Margaret William.

16 BIRTHPLACE OF MOTHER (City) Ireland. (State or country)

17 Informant John Cook (Address) 56 Presentation Road. (Signature, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 16 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1, 1941, to February 16, 1942. I last saw her alive on February 15, 1942. Death is said to have occurred on the date stated above, at 4:15 A.M.

Immediate cause of death: Cerebral hemorrhage

Due to: Atherosclerosis

Due to: Hypertensive pneumonia

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings: none

Of operations: none

Date of: none

Of autopsy: not done

What test confirmed diagnosis: clinical & laboratory

20 Was disease or injury in any way related to occupation of deceased? No

(Signed) J. S. Cleary, M. D.

(Address) 56 Presentation Road, Brighton, Mass.

DATE OF BURIAL February 18, 1942

Place of Burial, Cremation or Removal: St. Joseph's Cemetery, Brighton

22 NAME OF FUNERAL DIRECTOR: John S. Cleary

ADDRESS: 1605 Tremont St., Boston

Received and filed: J. S. Cleary

(Registrar)

Be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

Statement of Occupation.—The precise statement of occupation is very important, since that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 15 years and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home house-work, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same....—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

RETURN OF CERTIFICATES OF DEATH

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON 36

(City or town making return)

SUFFOLK
(County)
BOSTONCOPY OF
CERTIFICATE OF DEATH

Registered No. 1602

1 PLACE OF DEATH

(City or Town)

No.

Mass General Hospital

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Arthur H Baker

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

203 Woodside Ave

St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years

months

days.

In this community

yrs.

mos.

days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

widowed

5a If married, widowed, or divorced

HUSBAND of

Isabella McDonald

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

61 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

landscape gardener

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Nova Scotia

13 NAME OF

FATHER

William Baker

14 BIRTHPLACE OF

FATHER (City)

England

15 MAIDEN NAME

OF MOTHER

Rachel Pottil

16 BIRTHPLACE OF

MOTHER (City)

France

(State or country)

17

Informant

(Address)

2/24/42

Miss MacDonald

Relation, if any

sister-in-law

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

2/24/42

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Feb 19 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY,

That I attended deceased from

1/7/42

19

to

2/19/42

19

I last saw him alive on

1m

2/19/42

19

death is said to

have occurred on the date stated above, at

10/02P

m.

Duration

Immediate cause of death

anasarca and emaciation

210 dys

Due to carcinoma of lung

7 2 mos

rt lower lobe

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

T S Hamilton

M. D.

(Address)

Boston

Date

2/20/1942

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

Feb 23 1942

19

22 NAME OF

FUNERAL DIRECTOR

C R Bennison

ADDRESS

Winthrop

Received and filed

MAR 9 1942

19

(Registrar of City or Town where deceased resided)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important: See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 37

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Conspicuous Home 125 Cliff Ave. St.



(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary E. Ready
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4 Linden St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution - years - months 6 days. In this community 25 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years - Months - Days If less than 1 day
Hours - Minutes

Usual
9 Occupation: Housekeeper

Industry
10 or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) St. John
(State or country) Newfoundland

13 NAME OF FATHER William Ready

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Fahey

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Mrs. William Kenner Relation, if any
(Address) 4 Linden St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 2/20/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 19 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 12, 1941, to Feb 19, 1942.

I last saw him alive on Feb 18, 1942, death is said to
have occurred on the date stated above, at 11 A.M.

Immediate cause of death.

Cerebral Hemorrhage 4 days.

Due to.

Due to.

Other conditions. Hypertension 1 yr
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Date of.

Of autopsy.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Louis F. Salerno, M. D.
(Signed) (Address) 175 Pleasant St. Date Feb 9, 1942

21 Catholic Cemetery Date of Burial, Cremation or Removal. February 21, 1942
(City or Town)

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and filed. 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same: . . .—General Laws, Chap. 38, Sec. 6.

Statement of Occupation.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Mark some entry in this section for every person aged 15 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home house-work, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-4

1 PLACE OF DEATH
SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON 38

(City or town making return)

Registered No. 1657

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary M Boylan
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAB)

(a) Residence. No. 156 Pauline St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution. months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive. years		
7 IF STILLBORN, enter that fact here.		
8 AGE 65 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: at home		
10 Industry or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) Winthrop Mass (State or country)		
13 NAME OF FATHER Stephen J Boylan		
14 BIRTHPLACE OF FATHER (City) Prince Edward Is (State or country)		
15 MAIDEN NAME OF MOTHER Catherine McCauley		
16 BIRTHPLACE OF MOTHER (City) P E I (State or country)		
17 Informant Daniel Boylan Relation, if any (bro)		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 20 1942 (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from 2/10/42, 19 to 2/20/42, 19. I last saw h. or alive on 2/20/42, 19, death is said to have occurred on the date stated above, at 11/56a. Duration Immediate cause of death. myocardial infarction dys Due to hypertensive cardio vascular disease 9 yrs Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Date of Of autopsy 2/20/42 What test confirmed diagnosis? autopsy 20 Was disease or injury in any way related to occupation of deceased? If so, specify H Benjamin M. D. (Signed) Boston Date 2/20/19 42 (Address) 21 PLACE OF BURIAL Winthrop Winthrop CREMATION OR REMOVAL (Cemetery) Feb 23 1942 (City or Town) DATE OF BURIAL 19 22 NAME OF FUNERAL DIRECTOR J F O'Maley ADDRESS Winthrop
--	---

A TRUE COPY.
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 2/25/42 19
Received and filed MAR 9 1942
(Registrar of City or Town where deceased resided)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON 38

(City or town making return)

Registered No. 1657

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary M Boylan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAB)

(a) Residence. No. 156 Pauline St. Winthrop (If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive. years		
7 IF STILLBORN, enter that fact here.		
8 AGE 65 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: at home		
10 Industry or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) Winthrop Mass (State or country)		
13 NAME OF FATHER Stephen J Boylan		
14 BIRTHPLACE OF FATHER (City) Prince Edward Is (State or country)		
15 MAIDEN NAME OF MOTHER Catherine McCauley		
16 BIRTHPLACE OF MOTHER (City) P E I (State or country)		
17 Informant Daniel Boylan (Address) (bro.) Relation, if any		

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 2/25/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 20 1942 (Month) (Day) (Year)
19 I HEREBY CERTIFY. That I attended deceased from 2/10/42, 19, to 2/20/42, 19. I last saw him alive on 2/20/42, 19, death is said to have occurred on the date stated above, at 11/56A. Duration Immediate cause of death myocardial infarction dys
Due to hypertensive cardio vascular disease 9 yrs
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Date of Of autopsy 2/20/42 What test confirmed diagnosis? autopsy
20 Was disease or injury in any way related to occupation of deceased? If so, specify H Benjamin (Signed) Boston Date 2/20/19 42 (Address)
21 PLACE OF BURIAL Winthrop Winthrop CREMATION OR REMOVAL (Cemetery) Feb 23 1942 (City or Town)
DATE OF BURIAL 19
22 NAME OF FUNERAL DIRECTOR J F O'Maley Winthrop ADDRESS

Received and filed 19


MAR 9 1942 (Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

<p>1 PLACE OF DEATH</p>	<p><i>Suffolk</i> (County) <i>Winthrop</i> (City or Town) No. <i>62 Upland Road</i></p>		<p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH</p>	<p>To be filed for burial permit with Board of Health or its Agent.</p>	<p>Registered No. 39</p>
	<p>St. (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>				
	<p>2 FULL NAME <i>Agnes Hollingsworth</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)</p>			<p>PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)</p>	
	<p>(a) Residence. No. <i>62 Upland Road</i> St. _____ (Usual place of abode) (If nonresident, give city or town and State)</p>				
	<p>Length of stay: In hospital or institution _____ years _____ months _____ days. (Before death) (Specify whether)</p>			<p>In this community <i>3</i> yrs. — mos. — days.</p>	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Female</i>		4 COLOR OR RACE <i>White</i>		5 SINGLE (write the word) <i>MARRIED Widowed</i> or DIVORCED	
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of <i>Walter Hollingsworth</i> (Husband's name in full)					
6 Age of husband or wife if alive _____ years					
7 IF STILLBORN, enter that fact here.					
8 AGE <i>67</i> Years — Months — Days If less than 1 day _____ Hours _____ Minutes					
Usual Occupation: <i>at home</i>					
10 or Business: _____					
11 Social Security No. _____					
12 BIRTHPLACE (City) _____ (State or country) <i>England</i>					
PARENTS					
13 NAME OF FATHER <i>Unable to obtain</i>					
14 BIRTHPLACE OF FATHER (City) _____ (State or country) <i>England</i>					
15 MAIDEN NAME OF MOTHER <i>Unable to obtain</i>					
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) <i>England</i>					
17 Informant <i>Walter E. Hollingsworth</i> (Relation, if any) (Address) <i>Winchester N. H.</i>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>William D. Childress</i> (Signature of Agent of Board of Health or other) <i>Agent</i> (Official Designation) <i>Feb. 25-1942</i> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <i>February 24 1942</i> (Month) (Day) (Year)					
19 I HEREBY CERTIFY, That I attended deceased from <i>March 16, 1941</i> , to <i>February 24, 1942</i>					
I last saw her alive on <i>February 24, 1942</i> , death is said to have occurred on the date stated above, at <i>2:30 P.M.</i>					
Immediate cause of death: <i>Broncho-Pneumonia</i>					
Due to _____					
Due to _____					
Other conditions: <i>Chronic Catarrh of Bronchi</i> (Include pregnancy within 3 months of death)					
Major findings: <i>none</i> Of operations _____					
Date of _____					
Of autopsy: <i>none</i>					
What test confirmed diagnosis: <i>Clinical Signs</i>					
20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <i>Samuel J. O'Brien</i> M. D. (Address) <i>Windsor of Mass.</i> Date <i>Feb 19 1942</i>					
21 <i>Evergreen Cemetery Leominster Mass</i> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <i>February 26, 1942</i> 19					
22 NAME OF FUNERAL DIRECTOR <i>Charles R. Bennison</i> ADDRESS <i>Winthrop Mass</i>					
Received and filed _____ 19					
(Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

3/9/42

RM R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

40

Registered No.

STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Station Hospital, Fort Banks, Mass.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME LILLIAN CARREL HALLMEYER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No.

(Usual place of abode)

Fort Strong, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

0 years 0 months 3 days.

In this community — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Lawrence D. Hallmeyer

(Husband's name in full)

6 Age of husband or wife if alive

34

years

7 IF STILLBORN, enter that fact here.

8

AGE 40 Years 4 Months 25 Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Housewife

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

San Francisco, California

13 NAME OF

FATHER

George Martellie

14 BIRTHPLACE OF

FATHER (City)

Unknown

(State or country)

15 MAIDEN NAME

OF MOTHER

Elizabeth Hutchinson

16 BIRTHPLACE OF

MOTHER (City)

San Francisco, California

(State or country)

17

Informant

Lawrence D. Hallmeyer

Relation, if any

(Address)

Hq. Btry. 1st Bn. 9th C.A.C.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

February

25,

1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

February 22, 1942, to February 25, 1942

I last saw her alive on February 25, 1942, death is said to

have occurred on the date stated above, at 1:25 P.M.

Immediate cause of death Peritonitis, general-
ized, acute.

Duration

IMPORTANT
4 days

Due to Pelvic abscess, subsequent to
chronic salpingitis.

6 months

Due to

Intestinal obstruction, paralytic
Other conditions Ileus
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations: As above

Physician

Date of Feb 23, 1942

Of autopsy: As above

What test confirmed diagnosis? Operation

20 Was disease or injury in any way related to occupation of deceased? No

(Signed) Sidney Olano, M.D., M. D.

(Address) Fort Banks, Mass. Date Feb 25, 1942

21 Place of Burial, Cremation or Removal. Agency or Town

DATE OF BURIAL Feb. 27, 1942

22 NAME OF FUNERAL DIRECTOR

ADDRESS 154 Beacon Street

Received and filed Feb 27, 1942

(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-1-4667

checked with Dr. Olano

Wm. D. Childers
att Feb 26/42

No

Complete - see end

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

<p>1 PLACE OF DEATH</p> <p>County <u>Suffolk</u></p> <p>(City or Town) <u>Wintthrop</u></p> <p>No. <u>Fort Banks Hospital</u></p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>MEDICAL EXAMINER'S</p> <p>CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. <u>41</u></p>	
<p>2 FULL NAME <u>Arnold Delmont Lufkin</u></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>St. <u>{ (If death occurred in a hospital or institution, give its NAME instead of street and number)</u></p>		<p><u>{ (If U. S. War Veteran, specify WAR)</u></p>	
<p>(a) Residence. No. <u>Deer Island Maine</u></p> <p>(Usual place of abode) <u>Fort Banks Hospital</u></p>		<p>St. <u>{ (If nonresident, give city or town and state)</u></p>		<p>In this community yrs. mos. days.</p>	
<p>Length of stay: In hospital or institution <u>6 hours</u></p> <p>(Specify whether)</p>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE (write the word) <u>single</u>			
5a If married, widowed, or divorced					
HUSBAND of..... (Give maiden name of wife in full)					
(or) WIFE of..... (Husband's name in full)					
6 Age of husband or wife if alive..... years					
7 IF STILLBORN, enter that fact here.					
8 AGE <u>25</u> Years <u>8</u> Months <u>17</u> Days If less than 1 day Hours..... Minutes					
9 Occupation: <u>Private 9th CAC</u>					
10 Industry or Business: <u>US ARMY</u>					
11 Social Security No.					
12 BIRTHPLACE (City) <u>Hancock</u> (State or country) <u>Maine</u>					
13 NAME OF FATHER <u>Fred F. Lufkin</u>					
14 BIRTHPLACE OF FATHER (City) <u>Sunset</u> (State or country) <u>Maine</u>					
15 MAIDEN NAME OF MOTHER <u>Arlene G. Small</u>					
16 BIRTHPLACE OF MOTHER (City) <u>Sunset</u> (State or country) <u>Maine</u>					
17 Informant <u>Mrs. Bertha Hardy</u> Relation, if any <u>sister</u>					
(Address)					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
<u>Wm. Delmont Lufkin</u>					
(Signature of Agent of Board of Health or other)					
<u>NO.</u> <u>Feb 21/42</u>					
(Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>February - 25 - 1942</u>					
(Month) (Day) (Year)					
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)					
<u>Bullet Wound thru abdomen</u> <u>Internal & External Hemorrhage</u>					
20 Accident, suicide, or homicide (specify) <u>accidental</u>					
Date of occurrence <u>Feb - 24 - 1942</u>					
Where did Injury occur? <u>Wintthrop, Maine</u>					
(City or Town and State)					
Did injury occur in or about home, on farm, in industrial place, in public place?					
<u>in a fort</u>					
(Specify type of place)					
Manner of Injury <u>accidentally shot while on duty</u>					
Nature of Injury <u>as a soldier at Wintthrop</u>					
While at work? <u>yes</u> Was there an autopsy? <u>yes</u>					
21 Was disease or injury in any way related to occupation of deceased? <u>yes</u>					
If so, specify <u>Shin Splints</u>					
(Signed) <u>John J. Bricker</u> M. D.					
(Address) <u>Boston Feb 25 - 1942</u>					
22 <u>Sunset</u> <u>Sunset Maine</u>					
Place of Burial, Cremation or Removal (City or Town)					
DATE OF BURIAL <u>Feb. 27</u> 19 <u>42</u>					
23 NAME OF FUNERAL DIRECTOR <u>Wm. Delmont Lufkin</u>					
ADDRESS <u>254 Beach St. Boston</u>					
Received and filed..... 19.....					
(Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

DESCRIPTION (for unknown person).....

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 22 Buchanan St



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 42

2 FULL NAME Ernest F. Wesson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 22 Buchanan St
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Divorced

5a If married, widowed or divorced HUSBAND of Martha Anna Bezel
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years Months Days | If less than 1 day Hours Minutes

Usual Occupation: R. tired

10 Industry or Business: Foreman Carpenter

11 Social Security No. 023-10-5774

12 BIRTHPLACE (City) New Vermont (State or country) Nova Scotia

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

17 Informant, Byron Wesson (Address) 22 Buchanan St (Relation, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent on Board of Health, or other) H.S. (Official Designation) (Date of Issue of Permit) Feb. 26/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 26 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 10 1941 to February 26 1942

I last saw him alive on Feb. 26 1942 death is said to have occurred on the date stated above, at 4:30 P.M.

Immediate cause of death Paralysis Agitans

Due to Cerebral Hemorrhage

Due to Atherosclerosis

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

What test confirmed diagnosis? chylous x

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Jacob J. Peltrays (Address) 562 1/2 Ave. B. C. Date 2/26/1942

21 Place of Burial, Cremation or Removal. DATE OF BURIAL Feb. 27 1942

22 NAME OF FUNERAL DIRECTOR John H. O'Malley

ADDRESS Winthrop

Received and filed 19

(Registrar)

Duration

1 wk.

1 year

IMPORTANT Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 83, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 14, G. L.)

50m-10-739, No. 8427-f

PARENTS

PLACE OF DEATH

1

SUPPLY
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1888

43

No. Palmer Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael Barry (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 5 Shore Drive St. Winthrop (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED (write the word) MARRIED WIDOWED OR DIVORCED married

5a If married, widowed, or divorced HUSBAND of Emma G. Ward (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. 7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 11 Months 3 Days If less than 1 day Hours Minutes

9 Usual Occupation: retired

10 Industry or Business: mail clerk U S

11 Social Security No. 12 BIRTHPLACE (City) (State or country) Boston Mass

13 NAME OF FATHER Edward Barry

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Johanna Dundon

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant. wife (Relation, if any) (Address)

A TRUE COPY.

ATTEST: Francis J. Gray (Registrar of city or town where death occurred)

DATE FILED 3/3/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 27 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 11/27/41, 19, to 2/27/42, 19.

I last saw him alive on 2/27/42, 19, death is said to have occurred on the date stated above, at 10/55P.

Immediate cause of death. septic abscess of cheek 3 wks pneumonia 1 wk

Due to Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Date of necrosis of liver pneumonia Underline the cause to which death should be charged statistically.

20 What test confirmed diagnosis? pneumonia

If so, specify

(Signed) H F Root M. D. (Address) Boston Date 2/28/1942

21 PLACE OF BURIAL. Fairview Boston (Cemetery) (City or Town)

DATE OF BURIAL March 3 1942 19

22 NAME OF FUNERAL DIRECTOR C H Dennis ADDRESS Malden

Received and filed 19

(Registrar of City or Town where deceased resided)



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

1

PLACE OF DEATH

Suffolk
(County)
Chelsea
(City or Town)
No. Soldiers' Home Hospital
St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2

FULL NAME

Thomas F. Maloney
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 18 Linden
(Usual place of abode)
St. Winthrop, Mass.
(If nonresident, give city or town and State)
Length of stay: In hospital or institution. 4 years 10 months 10 days
(Before death) (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3

SEX

M

4

COLOR OR RACE

W

5

SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

Married

5a

If married, widowed or divorced
HUSBAND of Frances Courtway
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)
6

Age of husband or wife if alive

50

years

7

IF STILLBORN, enter that fact here.

8

AGE

47

Years

3

Months

20

Days

If less than 1 day
Hours Minutes

Usual
9

Occupation:

Draw Tender

Industry
10

or Business:

unknown

11

Social Security No.

12

BIRTHPLACE (City)
(State or country)

Winthrop, Mass.

13

NAME OF
FATHER

Thomas

14

BIRTHPLACE OF
FATHER (City)
(State or country)

Ireland

15

MAIDEN NAME
OF MOTHER

Mary E. Kiley

16

BIRTHPLACE OF
MOTHER (City)
(State or country)

Ireland

17

Informant
(Address)

Hospital Records
(Relation, if any)

A TRUE COPY.
ATTEST:
DATE FILED

19

Mar. 2, 1942

19

MEDICAL CERTIFICATE OF DEATH

18

DATE OF
DEATH

Feb. 28, 1942
(Month) (Day) (Year)

19

I HEREBY CERTIFY That the deceased died from
19 to 19
I last saw him alive on Feb. 28, 1942
death is said to have occurred on the date stated above, at 11:35 A.M.
Duration
Immediate cause of death
Carcinoma of the liver 5 mos.
Due to Metastasis from carcinoma of the pancreas 5 mos.
Due to
Obstructive jaundice
Other conditions (Include pregnancy within 3 months of death)
Physician
Major findings:
Of operations
Underline the cause to which death should be charged statistically.
Carcinoma of liver and pancreas pathological
What test confirmed diagnosis?
20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Isadore Kaplan, M. D.
(Address) Soldiers' Home Date 2/28/42
21 PLACE OF BURIAL
CREMATION OR REMOVAL
Winthrop, Mass.
(Cemetery) (City or Town)
DATE OF BURIAL Mar. 3, 1942 19
22 NAME OF
FUNERAL DIRECTOR Kirby Bros.,
ADDRESS Winthrop, Mass.
Received and filed Mar. 12, 1942 19
(Registrar of City or Town where deceased resided)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. 20 Sargent

2 FULL NAME Sarah Abby (Webber) Dean
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 20 Sargent St.
(Usual place of abode)

Length of stay: In hospital or institution — years months days. (Specify whether) In this community 50 yrs. — mos. — days.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 45

{ If death occurred in a hospital or institution,
give its NAME instead of street and number)

{ If U. S.
War Veteran,
specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Alvan H. Dean
(Husband's name in full)

6 Age of husband or wife if alive. — years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 7 Months 10 Days If less than 1 day Hours Minutes

Usual Occupation: At home

Industry —
10 or Business:

11 Social Security No. —

12 BIRTHPLACE (City) Hallowell
(State or country) Maine

13 NAME OF FATHER George Webber

14 BIRTHPLACE OF FATHER (City) Hallowell, Maine
(State or country)

15 MAIDEN NAME OF MOTHER Sophia J. McIntosh

16 BIRTHPLACE OF MOTHER (City) Medford
(State or country) Massachusetts

17 Informant Gladys R. Dean (daughter)
(Address) 20 Sargent St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

William D. Childers
(Signature of Agent of Board of Health or other)

Agent Mar. 2/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 1, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January, 1941, to March 1, 1942

I last saw her alive on February 28, 1942, death is said to

have occurred on the date stated above, at 4:45 A. M.

Immediate cause of death. Cachexia Duration IMPORTANT 4 mo.

Due to Carcinoma of Liver (metastatic) 6 mo.

Due to Carcinoma of Breast ?

Other conditions. Remyelinated arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings: Removal of right breast Underline the cause to which death should be charged statistically.

Of operations. Carcinoma Date of 1928

Of autopsy. What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Arthur G. Morgan, M. D.

(Address) Winthrop, Mass. Date July 1942

21 Winthrop Cemetery Winthrop Mass

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL March 3, 1942 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed. Mar 2 1942 19

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker, or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Praise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 56 Lowell Rd.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 46

2 FULL NAME Clarence Edwin Perkins
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 56 Lowell Rd. St. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 31 yrs. _____ mos. _____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Married
MARRIED
WIDOWED
or DIVORCED
5a If married, widowed, or divorced
HUSBAND of Olivia Shuttleworth
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)
6 Age of husband or wife if alive 70 years
7 IF STILL BDRN, enter that fact here.
8 AGE 70 Years _____ Months 9 Days | If less than 1 day
Hours _____ Minutes
Usual
9 Occupation: Investment Broker
Industry
10 or Business: _____
11 Social Security No. 011-01-1629
12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Henry J. Perkins
14 BIRTHPLACE OF FATHER (City) Oregon
(State or country)
15 MAIDEN NAME OF MOTHER Ellen Mary Dustin
16 BIRTHPLACE OF MOTHER (City) Lee
(State or country) N.H.

17 Informant Mrs. Olivia Perkins Relation if any (Wife)
(Address) 56 Lowell Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 3/5/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 3, 1942
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from May, 1936, to March 3, 1942
I last saw him alive on March 2, 1942, death is said to have occurred on the date stated above, at 12:05 A.M.
Immediate cause of death _____ Duration IMPORTANT
Cancer 2 mo.
Due to Carcinoma of liver (metastatic) cancer
Due to Carcinoma of the rectum 1 year
Other conditions _____
(Include pregnancy within 3 months of death) IMPORTANT
Major findings: Carcinoma of rectum Physician _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____
What test confirmed diagnosis? Biopsy
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Thomas W. Rhodes M. D.
(Address) Forest Hill, Boston, Mass. Date 3/4/42
21 Forest Hill Boston, Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 5, 1942 19
22 NAME OF FUNERAL DIRECTOR Thomas W. Rhodes
ADDRESS Lynn, Mass.
Received and filed 3/5/42 19
(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent afore-said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make an entry in this section for every person aged 15 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, a housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH
 {
 Suffolk (County)
 Winthrop (City or Town)
 No. 21 Harbor View Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 47

2 FULL NAME Emma Mary Gillespie
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. 21 Harbor View Ave St. (If nonresident, give city or town and State)
 Length of stay: in hospital or institution — years — months — days. In this community 30 yrs. — mos. — days.
 (Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS
 3 SEX Female
 4 COLOR OR RACE white
 5 SINGLE (write the word) MARRIED Widowed
 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (husband's name in full)
 6 Age of husband or wife if alive — years
 7 IF STILLBORN, enter that fact here.
 8 AGE 76 Years 7 Months 3 Days | If less than 1 day Hours Minutes
 9 Usual Occupation Housewife
 10 Industry or Business Own home
 11 Social Security No. none
 12 BIRTHPLACE (City) Cambridge (State or country) Mass

PARENTS
 13 NAME OF FATHER Alexander Coombs
 14 BIRTHPLACE OF FATHER (City) Halifax (State or country) N. S. Canada
 15 MAIDEN NAME OF MOTHER Elmer J. Witter
 16 BIRTHPLACE OF MOTHER (City) — (State or country) Mass

Informant Mrs. Geo. Grogge Relationship, if any (Address) 21 Harbor View Ave
 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 (Signature of Agent of Board of Health or other) Health Officer 3/9/42
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH March 6 1942 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, that I attended deceased from March 3 1941 to March 6 1942.
 I last saw him alive on March 6, 1942, death is said to have occurred on the date stated above, at 11:45 p.m.
 Immediate cause of death Acute Coronary Thrombosis
 Due to Atherosclerosis 12 year
 Due to Senility 12 year
 Other conditions none (include pregnancy within 3 months of death)
 Major findings: none
 Of operations none
 Of autopsy none
 What test confirmed diagnosis? Clinical & lab
 20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. B. Galtsoffs M. D. (Address) 102 South St. Date 3/7/42
 21 Place of Burial, Cremation or Removal (City or town) Brighton, Mass.
 DATE OF BURIAL March 10 1942
 22 NAME OF FUNERAL DIRECTOR Shortt & Williams
 ADDRESS 173 Brighton Ave, Ale
 Received and filed March 18 1942 (Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent afore-said or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 15 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

1 PLACE OF DEATH **Suffolk** (County)
Winthrop (City or Town)
 No. **14 Bates Ave.** St. **St.** { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Charlotte (Price) Brown** { (If U. S. War Veteran, specify WAR)
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **14 Bates Ave.** St. **St.** (If nonresident, give city or town and state)

Length of stay: In hospital or institution **—** years **—** months **—** days. In this community **32** yrs. — mos. — days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED or WIDOWED Married	18 DATE OF DEATH March 9, 1942 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of Samuel A Brown (Give maiden name of wife in full) (or) WIFE of Samuel A Brown (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1941 , to March 9, 1942 I last saw her alive on March 9, 1942 death is said to have occurred on the date stated above, at 14.15 P.M. Immediate cause of death Carcinoma of Stomach Duration IMPORTANT	
6 Age of husband or wife if alive 42 years			Due to Carcinoma of Stomach 6 months	
7 IF STILLBORN, enter that fact here.			Due to —	
8 AGE 63 Years 9 Months 17 Days If less than 1 day Hours Minutes			Other conditions — (Include pregnancy within 3 months of death)	
9 Occupation: Housewife			Major findings: Of operations — Date of — Of autopsy — What test confirmed diagnosis? — IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.	
10 Industry Cwn Home				
11 Social Security No. None				
12 BIRTHPLACE (City) Rhode Island (State or country)				
PARENTS	13 NAME OF FATHER James Price			
	14 BIRTHPLACE OF FATHER (City) England (State or country)			
	15 MAIDEN NAME OF MOTHER Louise Knight			
	16 BIRTHPLACE OF MOTHER (City) Greenville (State or country) Rhode Island			
17 Informant Samuel Brown (Husband) (Address) 14 Bates Ave. Winthrop Mass.			20 Was disease or injury in any way related to occupation of deceased? No If so, specify — (Signed) Louis J. Salerni M. D. (Address) 115 Pleasant St. Date 3/1/42 19 42	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 3/10/42 (Date of Issue of Permit)			21 Winthrop Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL March 12 19 42	
			22 NAME OF FUNERAL DIRECTOR Howard S. Dunbold ADDRESS Winthrop Mass.	
			Received and filed March 5 1942 19 42 (Registrar)	

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **48**

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 1 Sargent Terrace

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard A. Polson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 1 Sargent Terrace

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days.

In this community 32 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) Single
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years x Months 17 Days
If less than 1 day Hours Minutes

9 Occupation: Retired

Industry Insurance

11 Social Security No.

12 BIRTHPLACE (City) Quincy
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Richard Polson

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Susan M. Clark

16 BIRTHPLACE OF MOTHER (City) Dorchester
(State or country) Massachusetts

17 Informant Mrs. Maude P. McClintock (Relation, if any)
(Address) 1 Sargent Terrace Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/10/42 (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit with Board of Health or its Agent.

Registered No. 49

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 9 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 1940, to March 1942

I last saw him alive on March 7, 1942, death is said to have occurred on the date stated above, at 6 A. M.

Immediate cause of death

Cerebral hemorrhage

Due to Cardio-vascular-renal disease

Due to years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Date of

Of autopsy none
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no

(Signed) Wm. S. Childress M. D.
(Address) Winthrop Date 3/9/42

21 Cedar Grove Cemetery Dorchester
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL March 11, 1942

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed MAR 18 1942

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH 1 <u>Suffolk</u> (County) <u>Winthrop</u> (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
		STANDARD CERTIFICATE OF DEATH		Registered No. <u>50</u>	
No. <u>Winthrop Community Hospital</u> St.		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>Baby Rex</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR) <u>LE</u>			
(a) Residence. No. <u>21 Woodside Ave</u> St.		(If nonresident, give city or town and state)			
Length of stay: In hospital or institution _____ years _____ months _____ days.		In this community _____ yrs. _____ mos. _____ days.			
(Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> <u>OR DIVORCED</u> <u>Single</u>			
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)					
(or) WIFE of _____ (Husband's name in full)					
6 Age of husband or wife if alive _____ years					
7 IF STILLBORN, enter that fact here. <u>Stillborn</u>					
8 AGE _____ Years _____ Months _____ Days If less than 1 day _____ Hours _____ Minutes					
9 Occupation: _____ Industry _____ 10 or Business: _____					
11 Social Security No. _____					
12 BIRTHPLACE (City) <u>Winthrop</u> (State or country) <u>Mass</u>					
13 NAME OF FATHER <u>Donald Rex</u>					
14 BIRTHPLACE OF FATHER (City) <u>Brooklyn</u> (State or country) <u>N. Y. C. O.K.</u>					
15 MAIDEN NAME OF MOTHER <u>Rosalie Struthers</u>					
16 BIRTHPLACE OF MOTHER (City) <u>Providence</u> (State or country) <u>R. I.</u>					
17 Informant <u>Donald Rex</u> (Address) <u>21 Woodside Ave Winthrop</u> Relation, if any <u>Father</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. S. Childress Jr.</u> (Signature of Agent of Board of Health or other) <u>Health Officer</u> (Official Designation) <u>3/12/42</u> (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>March 9 42</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY. That I attended deceased from <u>March 9, 1942</u> to <u>March 9, 1942</u> I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. Immediate cause of death <u>Stillborn</u>					
Due to _____					
Due to _____					
Other conditions _____ (Include pregnancy within 3 months of death)					
Major findings: Of operations _____ Of autopsy <u>Not reported as yet</u> Date of _____ What test confirmed diagnosis? _____					
20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>John & Collins</u> (Signed) <u>Rose Mass</u> M. D. (Address) _____ Date <u>3/7</u> 19 <u>42</u>					
21 <u>Winthrop</u> <u>Winthrop</u> Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL <u>March 12</u> 19 <u>42</u>					
22 NAME OF FUNERAL DIRECTOR <u>Richard W. White</u> ADDRESS <u>147 Winthrop St. Winthrop</u>					
Received and filed _____ 19____ <u>MAR 13 1942</u> (Registrar)					

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45. G. L. (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-139. No. 8427-d

1 PLACE OF DEATH { Suffolk (County) Wrentham (City or Town) No. 18 Cliff Ave		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		(City or town making return) Registered No. 51	
2 FULL NAME Walter A Sharkey (If deceased is a married, widowed or divorced woman, give also maiden name.)		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		{ (If U. S. War Veteran, specify WAR)	
(a) Residence. No. 18 Cliff Ave (Usual place of abode)		St. _____ (If nonresident, give city or town and state)		Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 25 yrs. - mos. - days.	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX male	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed			
5a If married, widowed, or divorced HUSBAND of Elizabeth McDermott (Give maiden name of wife in full)					
(or) WIFE of E. Sharkey (Husband's name in full)					
6 Age of husband or wife if alive _____ years					
7 IF STILLBORN, enter that fact here.					
8 AGE 76 Years - Months - Days If less than 1 day Hours - Minutes					
9 Occupation: Retired					
10 Industry or Business: -					
11 Social Security No. -					
12 BIRTHPLACE (City) (State or country) N. B.					
13 NAME OF FATHER Edward Sharkey					
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland					
15 MAIDEN NAME OF MOTHER Margaret Power					
16 BIRTHPLACE OF MOTHER (City) (State or country) N. B.					
17 Informant (Address) Walter A Sharkey (Relation, if any) Son					
1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childers (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 3/11/42 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH Mar 9 1942 (Month) (Day) (Year)					
19 I HEREBY CERTIFY That I attended deceased from Jan 22 1942, to Mar 9 1942 I last saw him alive on Mar 9 1942, death is said to have occurred on the date stated above, at 1 P.m.					
Immediate cause of death: Coronary Occlusion					Duration 12 hrs
Due to Coronary Occlusion					? yrs
Due to Ch. Hypertension Endure 25 yrs					40
Other conditions: Arterio Sclerosis (Include pregnancy within 3 months of death)					PHYSICIAN
Major findings: Of operations _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? Clinical					Underline the cause to which death should be charged statistically.
20 Was disease or injury in any way related to occupation of deceased? No					
If so, specify: (Signed) R. J. McIntosh M. D. (Address) 145 W. Main St. Date 3/9 1942					
21 Place of Burial, Cremation or Removal: Wrentham DATE OF BURIAL: Mar 12 1942 (City or Town)					
22 NAME OF FUNERAL DIRECTOR: R. J. McIntosh ADDRESS: Taunton Mass					
Received and filed: MAR 13 1942 19					
A TRUE COPY ATTEST: (Registrar)					

per Death Cert.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 5 Lincoln St

2 FULL NAME

Robert Gillies Zeppernick
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 5 Lincoln St
(Usual place of abode)

Length of stay: In hospital or institution _____ years _____ months _____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of McIntyre
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years _____ Months _____ Days | If less than 1 day Hours _____ Minutes

9 Usual Occupation: Letter Carrier

10 Industry or Business: U. S. Postal Service

11 Social Security No. _____

12 BIRTHPLACE (City) Liverpool
(State or country) England

PARENTS

13 NAME OF FATHER Carl L. Zeppernick

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

15 MAIDEN NAME OF MOTHER Isabella C. Gillies

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Edna M. Zeppernick (Address) 5 Lincoln St Winthrop
(Informant) (Address) (Relation, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chulavsky
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/10/42 (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 52

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 9 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January -, 1940, to March -, 1942.
I last saw him alive on March 8, 1942, death is said to have occurred on the date stated above, at 2:30 A. M.
Immediate cause of death _____
Duration IMPORTANT

Due to Carcinoma of stomach 1 year

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of stomach
Date of 11/28/41
Of autopsy _____
What test confirmed diagnosis? X-ray-operation

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Arthur G. Murray, M. D.
(Address) Winthrop Date 2/19 1942

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 11 1942

22 NAME OF FUNERAL DIRECTOR John H. Moley
ADDRESS Winthrop Massachusetts

Received and filed MAR 18 1942 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. A principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d) 1-41-4667

<p>1 PLACE OF DEATH</p> <p><u>Suffolk</u> (County)</p> <p><u>Winthrop</u> (City or Town)</p>		<p>The Commonwealth of Massachusetts</p> <p>OFFICE OF THE SECRETARY</p> <p>DIVISION OF VITAL STATISTICS</p> <p>STANDARD</p> <p>CERTIFICATE OF DEATH</p>		<p>To be filed for burial permit with Board of Health or its Agent.</p> <p>Registered No. 53</p>	
		<p>No. <u>7 Myrtle Ave</u></p> <p>SL (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>PHYSICIAN — IMPORTANT</p> <p>(Was deceased a U. S. War Veteran, if so specify WAR)</p>	
<p>2 FULL NAME <u>Mattie B. Sumby</u></p> <p>(If deceased is a married, widowed or divorced woman, give also maiden name.)</p>		<p>(a) Residence. No. <u>7 Myrtle Ave</u> St. <u>Winthrop</u></p> <p>(Usual place of abode) (If nonresident, give city or town and State)</p>			
<p>Length of stay: In hospital or institution (Before death) (Specify whether)</p> <p>years months days. In this community <u>3</u> yrs. - mos. - days.</p>					
<p>PERSONAL AND STATISTICAL PARTICULARS</p>					
<p>3 SEX <u>Female</u></p>		<p>4 COLOR OR RACE <u>Colored</u></p>		<p>5 SINGLE (write the word) <u>Widowed</u></p> <p>MARRIED WIDOWED or DIVORCED</p>	
<p>5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)</p> <p>(or) WIFE of <u>Sidney A. Sumby</u> (Husband's name in full)</p>					
<p>6 Age of husband or wife if alive years</p>					
<p>7 IF STILLBORN, enter that fact here.</p>					
<p>8 AGE <u>66</u> Years - Months - Days If less than 1 day Hours Minutes</p>					
<p>9 Occupation: <u>Housewife</u></p>					
<p>10 Industry or Business: <u>At Home</u></p>					
<p>11 Social Security No. <u>None</u></p>					
<p>12 BIRTHPLACE (City) <u>Madison</u> (State or country) <u>N. C.</u></p>					
<p>PARENTS</p>					
<p>13 NAME OF FATHER <u>Charles Vaughn</u></p>					
<p>14 BIRTHPLACE OF FATHER (City) <u>Reidsville</u> (State or country) <u>N. C.</u></p>					
<p>15 MAIDEN NAME OF MOTHER <u>Mildred Lewellyn</u></p>					
<p>16 BIRTHPLACE OF MOTHER (City) <u>Madison</u> (State or country) <u>N. C.</u></p>					
<p>17 Informant <u>Mrs. Hattie Watkins</u> Relation, if any <u>Daughter</u> (Address) <u>7 Myrtle Ave. Winthrop</u></p>					
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:</p> <p><u>Wm. S. Childs</u> (Signature of Agent of Board of Health or other)</p> <p><u>Hattie Watkins</u> (Official Designation) <u>3/13/42</u> (Date of Issue of Permit)</p>					
<p>MEDICAL CERTIFICATE OF DEATH</p>					
<p>18 DATE OF DEATH <u>March</u> <u>12</u> <u>1942</u></p> <p>(Month) (Day) (Year)</p>					
<p>19 I HEREBY CERTIFY, That I attended deceased from <u>Dec 18</u>, 19<u>41</u>, to <u>Mar 12</u>, 19<u>42</u></p> <p>I last saw her alive on <u>Mar 12</u>, 19<u>42</u> death is said to have occurred on the date stated above, at <u>5:10 P. M.</u></p>					
<p>Immediate cause of death: <u>Cardiac Decompensation</u> Duration <u>Rel 12 Y</u></p> <p><u>Arteriosclerosis</u></p>					
<p>Due to <u>Arteriosclerosis</u> ?</p>					
<p>Due to <u>Arteriosclerosis</u> ?</p>					
<p>Other conditions: <u>Cerebral atrophy</u> Mar 2, 42</p> <p>(Include pregnancy within 3 months of death)</p>					
<p>Major findings: <u>-</u> IMPORTANT</p> <p>Of operations: <u>-</u> Physician</p>					
<p>Of autopsy: <u>-</u> Underline the cause to which death should be charged statistically.</p>					
<p>What test confirmed diagnosis? <u>-</u></p>					
<p>20 Was disease or injury in any way related to occupation of deceased? <u>No</u></p> <p>If so, specify: <u>-</u> (Signed) <u>J. B. Johnson</u>, M. D.</p> <p>(Address) <u>19 New York Ave.</u> Date <u>Mar 12</u>, 19<u>42</u></p>					
<p>21 <u>Columbian Cemetery</u> <u>Washington D. C.</u></p> <p>Place of Burial, Cremation or Removal. (City or Town)</p> <p>DATE OF BURIAL <u>March 13</u>, 19<u>42</u></p>					
<p>22 NAME OF FUNERAL DIRECTOR <u>J. B. Johnson</u></p> <p>ADDRESS <u>608</u> <u>Washington Ave. Boston</u></p>					
<p>Received and filed <u>Mar 18 1942</u> 19</p> <p style="text-align: right;">(Registrar)</p>					

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. **56 Park Ave**
 St. _____

2 FULL NAME **Benjamin D Robinson**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **56 Park Ave** St. _____
 (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ years months days. In this community **18** yrs. - mos. - days.
 (Specify whether)

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **51**

St. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married	18 DATE OF DEATH March 13 1942 (Month) (Day) (Year)	
5a If married, widowed or divorced HUSBAND of Amelia Taylor Robinson (Give maiden name of wife in full)			19 I HEREBY CERTIFY, That I attended deceased from March 10, 1942 , to March 12, 1942 I last saw him alive on March 12, 1942 , death is said to have occurred on the date stated above, at 10:40 A.M. Immediate cause of death _____	
(or) WIFE of _____ (Husband's name in full)			Duration IMPORTANT 4 days	
6 Age of husband or wife if alive 49 years			Due to _____	
7 IF STILLBORN, enter that fact here.			Due to _____	
8 AGE 57 Years 1 Months 12 Days If less than 1 day Hours _____ Minutes _____			Other conditions _____ (Include pregnancy within 3 months of death)	
9 Occupation: Carpenter			Major findings: Of operations _____ Date of _____	
10 Industry or Business: Job			Of autopsy _____ What test confirmed diagnosis? _____	
11 Social Security No. 382-09-8902			20 Was disease or injury in any way related to occupation of deceased? Yes	
12 BIRTHPLACE (City) Belfast (State or country) Ireland			If so, specify _____ (Signed) _____ M. D. (Address) _____ Date March 1942	
13 NAME OF FATHER Joseph Robinson			21 Winthrop Winthrop Place of Burial, Cremation or Removal. (City or Town)	
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)			DATE OF BURIAL March 16 1942	
15 MAIDEN NAME OF MOTHER Martha McGill			22 NAME OF FUNERAL DIRECTOR Richard H. White ADDRESS 147 Winthrop St., Winthrop	
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)			Received and filed _____ 19 _____ (Registrar)	
17 Informant Mrs. Amelia Robinson (Wife) (Address) 56 Park Ave., Winthrop, Mass				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 3/16/42 (Date of Issue of Permit)				

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

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RULES OF PRACTICE

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(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

1

PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 99 Winthrop St.
St.

2

FULL NAME
MARTHA JANE (PORTER) MOORE
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 99 Winthrop St.
(Usual place of abode)
Length of stay: In hospital or institution _____ years months days. In this community 23 yrs. - mos. - days.
(Specify whether)

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 55

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)
(If U. S.
War Veteran,
specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed
6a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of WARREN MOORE (Husband's name in full)		
6 Age of husband or wife if alive _____ years		
7 IF STILLBORN, enter that fact here.		
8 AGE 84 Years - Months 18 Days If less than 1 day Hours _____ Minutes _____		
9 Occupation: _____ Usual _____ Industry _____ or Business: _____		
11 Social Security No. _____		
12 BIRTHPLACE (City) _____ (State or country) Ohio		
PARENTS	13 NAME OF FATHER William Porter	
	14 BIRTHPLACE OF FATHER (City) _____ (State or country) Penn.	
	15 MAIDEN NAME OF MOTHER Katherine ?	
	16 BIRTHPLACE OF MOTHER (City) _____ (State or country) Wales England	
17 Informant MAUDE P. MOORE (daughter) (Address) 99 Winthrop St.		

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 14 1942 (Month) (Day) (Year)	Duration IMPORTANT Physician Underline the cause to which death should be charged statistically.
19 I HEREBY CERTIFY That I attended deceased from Sept 15, 1941 to March 14, 1942 I last saw her alive on 4/14 Mar 13, 1942 death is said to have occurred on the date stated above, at 3 P. M. M. Immediate cause of death Cerebral Hemorrhage	
Due to _____	
Due to _____	
Other conditions _____ (Include pregnancy within 3 months of death)	
Major findings: Of operations _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? Clinical	
20 Was disease or injury in any way related to occupation of deceased? no	
If so, specify _____ (Signed) J. O. P. M. D. (Address) 180 Winthrop St. Date Mar 14, 1942	
21 Weekser Bridgeport Ohio Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL March 17 1942	
22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS 180 Winthrop St. Winthrop	
Received and filed _____ 19 _____ MAR 18 1942 (Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *i. e.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d.) 1-41-4667

1 PLACE OF DEATH

No.

(County)

(City or Town)

No.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

56

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community / yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

9 Usual

Occupation:

10 Industry

or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

13 NAME OF
FATHER

14 BIRTHPLACE OF
FATHER (City)
(State or country)

15 MAIDEN NAME
OF MOTHER

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

17 Informant
(Address)

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 29, 1942, to March 15, 1942

I last saw him alive on March 15, 1942 death is said to

have occurred on the date stated above, at 1:45 P.m.

Immediate cause of death: Senility

Duration

IMPORTANT

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

M. D.

DATE OF BURIAL, Cremation or Removal

DATE OF BURIAL

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 15 years or over. If the occupation had been given up or changed on account of disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

BOSTON NOTIFIED

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. **57**

1 PLACE OF DEATH { Suffolk (County)
Winthrop, Mass. (City or Town)
No. Station Hospital, Fort Banks, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy (Unnamed) STOUT (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 682 Massachusetts Ave. St. Boston, Mass. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years months days In this community yrs. mos. days.

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn ✓

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.:

12 BIRTHPLACE (City) Winthrop, Massachusetts (State or country)

PARENTS

13 NAME OF FATHER Stewart G. Stout

14 BIRTHPLACE OF FATHER (City) Louisville, Kentucky (State or country)

15 MAIDEN NAME OF MOTHER Margaret (None) Hansen

16 BIRTHPLACE OF MOTHER (City) Brooklyn, New York (State or country)

17 Informant Mrs. Margaret Stout (Mother) (Address) 682 Massachusetts Ave, Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 3/16/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 15 42 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 15 1942, to March 15 1942

I last saw him on March 15 1942, death is said to have occurred on the date stated above, at 6:05 p.m.

Immediate cause of death Stillbirth Prematurity

Due to Cause undetermined.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Date of:

Of autopsy: None

What test confirmed diagnosis?:

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Sidney D. L. (Address) Fort Banks, Mass. Date Mar 13 1942

Duration
IMPORTANT
6+ mos.

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

21 Woodlawn Everett (City or Town)

DATE OF BURIAL March 16 1942

22 NAME OF FUNERAL DIRECTOR Murray + Murray T. Vincent

ADDRESS 257 Beach St. Revere

Received and filed MAR 18 1942 19

(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

ser, tel call hospital

PLACE OF DEATH

Sufflok

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Jefferson Davis Clark

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 45 Hillside Ave.

(Usual place of abode)

Length of stay: In hospital or institution Hospital — years — months 5 days.

(Specify whether)

St.

(If nonresident, give city or town and state)

In this community — yrs. 7 mos. — days.

Registered No. 58

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)
Male	White	MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced.
HUSBAND of Minnie Jane Rhea
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive 77 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 7 Months 28 Days If less than 1 day

9 Occupation: Trucking (Retired)

10 Industry or Business: U S Mail

11 Social Security No. None

12 BIRTHPLACE (City) Texas Sherman
(State or country)

13 NAME OF FATHER Levin Larkin Clark

14 BIRTHPLACE OF FATHER (City) ?
(State or country) Conn.

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Unknown

17 Informant Nelson Clark (Son)
(Address) 45 Hillside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/18/43 (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 17, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from March 13, 1942, to March 17, 1942
I last saw him alive on March 16, 1942, death is said to have occurred on the date stated above, at 11:30 A. m.
Immediate cause of death

Due to Cerebral Hemorrhage 4 days

Due to Generalized arterio-sclerosis 10 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration
IMPORTANT

IMPORTANT

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Williams M. D.
(Address) 1111 Main St. Date 3/17/1942

21 Place of Burial, Cremation or Removal. Texarkana Texas
(City or Town)
DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
ADDRESS Winthrop Mass

Received and filed 19

MAR 20 1942

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

1

PLACE OF DEATH

BOSTON NOTIFIED

Suffolk

(County)

Northampton

(City or Town)

2

FULL NAME

Anna Cortolan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

212 Bremen

(a) Residence. Non

(Usual place of abode)

St. E. Boston

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. 3 weeks

(Specify whether)

years months / days

In this community 18 yrs. - mos. - days.

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

OR DIVORCED

Female

White

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Peter Cortolan

(Husband's name in full)

6 Age of husband or wife if alive 47 years

7 IF STILLBORN, enter that fact here.

8 AGE 46 Years - Months - Days If less than 1 day Hours Minutes

9 Occupation: at home

10 Industry or Business: -

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER Alfonso LaSergo

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Ursula Chirelli

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Information (Address) Peter Cortolan (husband) 212 Bremen St. E. B.

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

3/18/42

(Date of Issue of Permit)

18 DATE OF DEATH

March 17 - 1942

(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from

March 15, 1942 to March 17, 1942

I last saw her alive on March 16, 1942, death is said to have occurred on the date stated above, at 5:30 a. m.

Immediate cause of death

Acute cystitis cystitis

Acute pyelitis pyelitis

Acute pyelonephritis

pyelonephritis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Same as cause of death

What test confirmed diagnosis? Laboratory

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Charles McGowan

(Signed) M. D.

(Address) 305 Haverhill Boston

Date 3/18 1942

21 Place of Burial, Cremation or Removal. (City or Town) Boston

DATE OF BURIAL March 20 1942

22 NAME OF FUNERAL DIRECTOR

ADDRESS 207 Haverhill St. E. B.

Received and filed 3/20 1942

(Registrar)

2

PLATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

No

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit

with Board of Health

or its Agent.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A STANDARD FORM. It should be filled out by a physician, and should be filed in the office of the Registrar. It should be filled out by a physician, and should be filed in the office of the Registrar. It should be filled out by a physician, and should be filed in the office of the Registrar.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 60

No. 28 Thornnton

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Dennis M. Brennan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) Yes

(a) Residence, No. 28 Thornnton
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In hospital or institution None
(Before death) (Specify whether)

years months days. In this community 60 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years - Months Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Special carrier

10 Industry or Business: Post Office

11 Social Security No. None

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER Neal Brennan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Eleanor Barr

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Katherine E. Brennan Relation, if any Sister
(Address) 28 Thornnton St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

John D. Ouldriss
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 3/27/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 25, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 15, 1941, to March 25, 1942
I last saw him alive on March 13, 1942, death is said to
have occurred on the date stated above, at 9A m.

Immediate cause of death hypostatic pneumonia
hypostatic pneumonia

Due to chronic nephritis 9 mos.
chronic separate

Due to hypertension 9 mos.
hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles J. M. D.
(Address) Washington St Date 3-15-1942

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Mar 28, 1942

22 NAME OF FUNERAL DIRECTOR Bernard J. McManis
ADDRESS 72 Bunker Hill St Chas

Received and filed 1942

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8427-e

1 PLACE OF DEATH
Suffolk
 (County)
Winthrop
 (City or Town)
 No. **52 Lincoln St.**



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **61**

2 FULL NAME **Annie Gill Frankland**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **52 Lincoln St.** St. _____
 (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community **24** rs. — mos. — days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE **Married** (write the word)
Widowed or **Divorced** **Widowed**

5a If married, widowed, or divorced
 HUSBAND of _____
 (Give maiden name of wife in full)

(or) WIFE of **William Frankland**
 (Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE **71** Years **9** Months **16** Days If less than 1 day
 Hours _____ Minutes _____

9 Usual Occupation: **Housewife**

10 Industry or Business: **At Home**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Frederickton**
 (State or country) **New Brunswick**

13 NAME OF FATHER **Joseph Gill**

14 BIRTHPLACE OF FATHER (City) **Frederickton**
 (State or country) **N. B.**

15 MAIDEN NAME OF MOTHER **Julia Smithson**

16 BIRTHPLACE OF MOTHER (City) **Frederickton**
 (State or country) **N. B.**

17 Informant **Joseph A. Frankland** Relation, if any **Son**
 (Address) **52 Lincoln St., Winthrop, Mass.**

1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
 (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **4/1/42** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **March 31, 1942**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **March 29**, 19**42**, to **March 31**, 19**42**

I last saw him alive on **March 29**, 19**42**, death is said to have occurred on the date stated above, at **9 A.** m.

Immediate cause of death: **Broncho pneumonia** Duration **2 days**

Due to **Osteo myelitis** **3 yrs**

Due to **Pericarditis** **2 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____ Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) **Anthony** M. D. **4/1/42**
 (Address) **Winthrop** Date **4/1/42**

21 **Winthrop** **Winthrop**
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **April 2, 1942**

22 NAME OF FUNERAL DIRECTOR **Richard W. White**

ADDRESS **147 Winthrop St., Winthrop**

Received and filed **1942**

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as these of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

62

1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital, Hathorne, Mass. St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edna Hill

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 55 Shirley

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution

(Before death)

(Specify whether)

3 years 2 months 0 days.

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: W.P.A. Sewing Project

10 Industry or Business:

11 Social Security No. unk.

12 BIRTHPLACE (City) Boston, Mass. (State or country)

13 NAME OF FATHER Charles Murphy

14 BIRTHPLACE OF FATHER (City) Vermont (State or country)

15 MAIDEN NAME OF MOTHER Mary A. Hill

16 BIRTHPLACE OF MOTHER (City) Mass. (State or country)

17 Informant Mary K. McPhillips (Relation, if any) (Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 3/19/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 18, 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1939, to March 18, 1942.

I last saw her alive on March 18, 1942 death is said to have occurred on the date stated above, at 11:00 p. m.

Immediate cause of death

General Paresis

Bronchopneumonia

Duration

8 yrs

7 da.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Myer Asekoff

(Address) Hathorne, Mass. Date 3/19/42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or Town)

DATE OF BURIAL March 21, 1942

22 NAME OF FUNERAL DIRECTOR C.R. Bennison ADDRESS Winthrop, Mass.

Received and filed 3-10-42 19 42

(Registrar of City or Town where deceased resided)

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Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-139. No. 8427-f

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2544 63

1 No. Boston State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie C Whitney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 76 Sagamore St. Winthrop
(Usual place of abode)

Length of stay: In hospital or institution years months days. (Specify whether)

(If nonresident, give city or town and state)
In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED widowed (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George A Whitney (Husband's name in full)

6 Age of husband or wife if alive. Years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Chelsea Mass (State or country)

13 NAME OF FATHER George N Sprague

14 BIRTHPLACE OF FATHER (City) Duxbury Mass (State or country)

15 MAIDEN NAME OF MOTHER Lydia B Farence

16 BIRTHPLACE OF MOTHER (City) Boston Mass (State or country)

PARENTS

17 Informant Minnie Raymond Relation, if any (Address) sister

A TRUE COPY. (Signature)
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 3/21/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 18 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 3/13/42, 19, to 3/17/42, 19.

I last saw her alive on 3/17/42, 19, death is said to have occurred on the date stated above, at 12/45A.

Immediate cause of death.

general arteriosclerosis -
broncho pneumonia - 3 dys

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy ves Date of

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N Raskin M. D.

(Address) Boston Date 3/18/42

21 PLACE OF BURIAL Duxbury Mass (Cremation or removal) (Cemetery) (City or Town)

DATE OF BURIAL March 20 1942 19

22 NAME OF FUNERAL DIRECTOR C. P. Chapman

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

[illegible]

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON
(City or town making return)

SUFFOLK
(County)
BOSTON



COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 2546

64

1 PLACE OF DEATH

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry H Hills (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 228 Main St. Winthrop (If nonresident, give city or town and state)
Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)
6a If married, widowed, or divorced HUSBAND of Marietta Crossman (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 68 years
7 IF STILLBORN, enter that fact here.

8 AGE 89 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: retired

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass (State or country)

13 NAME OF FATHER Joseph Hills

14 BIRTHPLACE OF FATHER (City) Manchester Mass (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant: wife Relation, if any (Address)

A TRUE COPY.

ATTEST: Francis J. Fay (Registrar of city or town where death occurred)

DATE FILED 3/21/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 19 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Cardiac failure
septicemia

20 Accident, suicide, or homicide (specify).....

Date of occurrence.....19.....

Where did Injury occur? (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury

Nature of Injury

While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C J O'Leary M. D.

(Address) Boston Date 3/19/42

22 Winthrop Mass (City or Town)

Place of Burial, Cremation or Removal. DATE OF BURIAL March 22 1942 19

23 NAME OF FUNERAL DIRECTOR C R Bennison

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39, No. 8427-g



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39, No. 8427-g

1 PLACE OF DEATH
Essex (County)
Lawrence (City or Town)
No. General Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph E. Vincent
(If deceased is a married, widowed or divorced woman, give also maiden name.)
472 Winthrop St. Winthrop, Mass.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. Winthrop, Mass.
(Usual place of abode)
Length of stay: In hospital or institution. 4 hrs. 10 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Single (ord)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 16 Years Months Days If less than 1 day Hours Minutes
9 Occupation: Laborer
10 Industry or Business: C.C.C. Supply Dept.
11 Social Security No. 029-12-2171
12 BIRTHPLACE (City) (State or country) Boston, Mass.
13 NAME OF FATHER Simeon D. Vincent
14 BIRTHPLACE OF FATHER (City) (State or country) Boston, Mass.
15 MAIDEN NAME OF MOTHER Gladys A. Davis
16 BIRTHPLACE OF MOTHER (City) (State or country) Richmond Va.
17 Informant Simion D. Vincent Relation, if any
(Address) 472 Winthrop St., Winthrop
A TRUE COPY. John W.aley
ATTEST: (Registrar of city or town where death occurred)
DATE FILED 3/21/42 19 41

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH Mar. 20, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
Crushed injury of chest
Collapsed lungs.
Accident
Mar. 20, 1942
20 Accident, suicide, or homicide (specify) Lawrence
Date of occurrence 19 41
Where did injury occur? C.C.C. Pacific Mill
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? Caught in between elevator
& false exit of place
Manner of injury -
Nature of injury yes no
While at work? Was there an autopsy? no
21 Was disease or injury in any way related to occupation of deceased? John J. Deacy
If so, specify 32 Lawrence 3/21/42
(Signed) (Address) Holy Cross Cem. Malden Date 19 41
22 Place of Burial, Cremation or Remains March 23, 1942
DATE OF BURIAL Frederick J. Wagrach 19 41
23 NAME OF FUNERAL DIRECTOR Boston, Mass.
ADDRESS
Received and filed Mar. 25, 1942 19 41
(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 66

1 PLACE OF DEATH
Suffolk
(County)
Suffolk
(City or Town)
No. 26 Sargent



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Florence G. Mannix
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

(a) Residence, No. 26 Sargent
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days.
(Before death) (Specify whether) In this community 30 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 40 Years 7 Months 1 Days
If less than 1 day Hours Minutes

9 Occupation: Secretary (Retired)

10 Industry or Business: U.S. Dept. of Agriculture

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country) Boston, Mass.

13 NAME OF FATHER William H. Mannix

14 BIRTHPLACE OF FATHER (City)
(State or country) Newburyport, Mass.

15 MAIDEN NAME OF MOTHER Sarah L. McLaughlin

16 BIRTHPLACE OF MOTHER (City)
(State or country) N. S.

17 Informant Albert B. Mannix (Brother)
(Address) 26 Sargent St. Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)
Agent April 4/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 3rd 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 1937, to April 1942
I last saw her alive on 3/17/42, death is said to
have occurred on the date stated above, at 2:45 P. m.

Immediate cause of death Duration
IMPORTANT

Tumor of Brain 5 yrs

Due to (I have cared for this
patient only during occasional
absence of Dr. H. A. Kelly of
Winthrop)
Other conditions (Include pregnancy within 3 months of death)

Major findings: Tumor of Brain
Of operations Date of {1937
{1942

Of autopsy none
What test confirmed diagnosis? Biopsy
IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Edward G. McMoran, M. D.
(Address) Winthrop Date 4/3/42

21 HOLBROOK Brookline
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL April 6 1942

22 NAME OF FUNERAL DIRECTOR Edward G. McMoran
ADDRESS Medford 1942

Received and filed 19

(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

109m (d)-1-41-4667

should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

Statement of Occupation.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—IF FILLED IN A PERMANENT RECORD. STATE CAUSE OF DEATH IN PLAIN terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH		1		Suffolk (County)		Inthron (City or Town)		No. 36 Ingleside Avenue		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Olivia Frances (Marshall) Whittier		(If deceased is a married, widowed or divorced woman, give also maiden name.)		36 Ingleside Avenue		St.		(If nonresident, give city or town and State)	
(a) Residence, No.		36 Ingleside Avenue		St.							
Length of stay: In hospital or institution		—		years		months		days		In this community 35 yrs. — mos. — days.	
(Before death)		(Specify whether)									
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		MARRIED		WIDOWED		or DIVORCED	
Female		White		Married		Married					
5a If married, widowed, or divorced		HUSBAND of		(Give maiden name of wife in full)		Eugene L. Whittier		(Husband's name in full)			
(or) WIFE of											
6 Age of husband or wife if alive		61		years							
7 IF STILLBORN, enter that fact here.											
8 AGE		59 Years 6 Months 24 Days		If less than 1 day		Hours		Minutes			
9 Usual Occupation:		at home									
10 Industry or Business:											
11 Social Security No.											
12 BIRTHPLACE (City) (State or country)		Boston Massachusetts									
13 NAME OF FATHER		David J. Marshall									
14 BIRTHPLACE OF FATHER (City) (State or country)		Boston Massachusetts									
15 MAIDEN NAME OF MOTHER		Winifred Henrietta Wise									
16 BIRTHPLACE OF MOTHER (City) (State or country)		Boston Massachusetts									
17 Informant (Address)		Eugene L. Whittier (Relation, if any)		36 Ingleside Ave. (Inthron)							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:											
(Signature of Agent of Board of Health or other)		Wm. D. Childress									
(Official Designation)		Health Officer									
(Date of Issue of Permit)		4/7/43									
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH		April 5, 1942		(Month)		(Day)		(Year)			
19 I HEREBY CERTIFY, That I attended deceased from		Sept 2, 1941, to April 5, 1942									
I last saw her alive on		April 5, 1942									
death is said to have occurred on the date stated above, at		9:25 P. M.									
Immediate cause of death		Ovarian carcinoma								Duration	
Due to										IMPORTANT	
Due to											
Other conditions (Include pregnancy within 3 months of death)										IMPORTANT	
Major findings: Of operations		Ovarian carcinoma								Physician	
Date of		9/12/41								Underline the cause to which death should be charged statistically.	
Of autopsy											
What test confirmed diagnosis?		Biopsy									
20 Was disease or injury in any way related to occupation of deceased? If so, specify		No									
(Signed)		Arthur G. Whittier								M. D.	
(Address)		36 Ingleside Ave. Inthron								Date 4/7/1942	
21 Inthron Cemetery Inthron											
Place of Burial, Cremation or Removal. (City or Town)											
DATE OF BURIAL		April 8, 1942								19	
22 NAME OF FUNERAL DIRECTOR		Charles R. Bennison									
ADDRESS		Inthron Mass									
Received and filed										19	
(Registrar)											

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING INK—IN A TELETYPE RECORD. STATEMENT OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

per B. of Public Health

1 PLACE OF DEATH
suffolk
 (County)
Winthrop
 (City or Town)
 No. **Winthrop Community Hospital**
Nilma
2 FULL NAME Melman Hasselback Ahlqvist
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence, No. **267 Washington Ave., Winthrop** St.
 (Usual place of abode)
 Length of stay: In hospital or institution **7** years — months **1** days. In this community **17** yrs. — mos. — days.
 (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE White** **5 SINGLE (write the word) MARRIED**
WIDOWED **Married**
6 Age of husband or wife if alive **71** years
7 IF STILLBORN. enter that fact here.
8 AGE 78 Years **6** Months **28** Days | If less than 1 day
 Hours Minutes
 Usual Occupation: **Housewife**
 Industry **At Home**
10 or Business: none
11 Social Security No.
12 BIRTHPLACE (City) Sweden
 (State or country)
13 NAME OF FATHER Carl Hasselback
14 BIRTHPLACE OF FATHER (City) Denmark
 (State or country)
15 MAIDEN NAME OF MOTHER not known
16 BIRTHPLACE OF MOTHER (City) not known
 (State or country)
17 Informant, Town Winthrop Welfare Dept. Relation, if any
 (Address)
 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Paul deary
 (Signature of Agent of Board of Health or other)
Health Officer **4/11/42**
 (Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **69**

St. (If death occurred in a hospital or institution,
 give its NAME instead of street and number)
PHYSICIAN — IMPORTANT
 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)
 (If nonresident, give city or town and State)
18 DATE OF DEATH Apr. 7 1942
 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from
Mar 17 1942, to Apr 7 1942
 I last saw him alive on **Apr 7 1942**, death is said to
 have occurred on the date stated above, at **11:57 P.M.**
 Immediate cause of death **Coronary Thrombosis** Duration **16 hrs**
IMPORTANT
 Due to **Chronic Myocarditis**
 Due to **Hypertensive Heart Disease & Atherosclerosis**
 Other conditions **Branchitis**
 (Include pregnancy within 3 months of death) **3 wks**
IMPORTANT
 Major findings:
 Of operations:
 Date of:
 Of autopsy:
 What test confirmed diagnosis? **Clinical**
Physician
 Underline the cause to which death should be charged statistically.
20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify:
 (Signed) **Richard G. White** M. D.
 (Address) **148 W. 3rd St.** Date **Apr 9 1942**
Winthrop
21 Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL April 11, 1942
22 NAME OF FUNERAL DIRECTOR Richard G. White
ADDRESS 147 Winthrop St., Winthrop, Mass.
 Received and filed **19**
 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLA
CE OF DEATH
1
Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 70

No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Baby Girl Walsh { (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 95 Main Street St.
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution Hospital years - months 2 days. In this community - yrs. - mos. 2 days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive. years		
7 IF STILLBORN, enter that fact here.		
8 AGE Years 2 Months 2 Days If less than 1 day Hours Minutes		
9 Occupation: Usual Industry 10 or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) Winthrop (State or country) Mass.		
P A R E N T S	13 NAME OF FATHER John Walsh	
	14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.	
	15 MAIDEN NAME OF MOTHER Marion Gentle	
	16 BIRTHPLACE OF MOTHER (City) Dorchester (State or country) Mass.	
17	Informant John Walsh (Father) (Address) 95 Main Street Winthrop	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer 4/10/42 (Official Designation) (Date of Issue of Permit)		

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH April 9 1942 (Month) (Day) (Year)	19 I HEREBY CERTIFY That I attended deceased from April 7, 1942 to April 9, 1942 I last saw her alive on April 9, 1942 death is said to have occurred on the date stated above, at 2:30 p. m. Immediate cause of death Congestive Heart Failure Duration IMPORTANT 2 days
Due to	Due to
Other conditions (Include pregnancy within 3 months of death)	IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.
Major findings: Of operations Autopsy Date of 4/9/42 Of autopsy What test confirmed diagnosis? Autopsy	20 Was disease or injury in any way related to occupation of deceased? If so, specify C. St. Ronalds (Signed) Frank C. St. Ronalds, M. D. (Address) 270 South Main St. Date 4/9/42
21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL April 10 1942	22 NAME OF FUNERAL DIRECTOR Edward J. O'Connell ADDRESS Winthrop Mass.
Received and filed. 19	
(Registrar)	

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving town to another in the same cemetery, until he has received a permit from the board of health or its agent as aforesaid or from the clerk of the town where the body is buried. Such a permit shall be issued only after there shall have been delivered to such board agent or clerk, by the owner, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly, or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 3264

SUFFOLK
BOSTON



1 PLACE OF DEATH

(City or Town)
No. Mass General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur LEO McFague (SEE ATTACHED COPY)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 Fairview St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution. (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of Gertrude W Howley (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual trunk maker

10 Industry or Business: leather factory

11 Social Security No. 012-07-8415

12 BIRTHPLACE (City) Charlestown Mass (State or country)

13 NAME OF FATHER James McFague

14 BIRTHPLACE OF FATHER (City) Charlestown Mass (State or country)

15 MAIDEN NAME OF MOTHER Mary Quinn

16 BIRTHPLACE OF MOTHER (City) Charlestown Mass (State or country)

17 Informant (Address) wife (Relation, if any)

A TRUE COPY. Francis J. Fay (Registrar of city or town where death occurred)

DATE FILED 4/14/42 19

18 DATE OF DEATH April 11 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/5/42, 19 to 4/11/42, 19 I last saw him alive on 4/11/42, 19 death is said to have occurred on the date stated above, at 1/47P m. Duration

Immediate cause of death pneumonia, lobar 72 hr

Due to carcinoma of stomach 7 mo

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Gowell M. D.

(Address) Boston Date 4/11/19 42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (Cemetery) (City or Town)

DATE OF BURIAL April 14 1942 19

22 NAME OF FUNERAL DIRECTOR W P Carley ADDRESS Boston

Received and filed MAY 8 1942 19

(Registrar of City or Town where deceased resided)

COPIES OF RETURNS OF DEATHS RECORDED DURING THE PREVIOUS MONTH WHICH OCCURRED IN YOUR CITY OR TOWN IN CASE THE DECEASED RESIDED IN ANOTHER CITY OR TOWN AT THE TIME OF DEATH SHOULD BE MADE FORTHWITH AND TRANSMITTED ON FORM R-302 TO THE CLERK OF THE CITY OR TOWN IN WHICH THE DECEASED RESIDED. (SEE CHAP. 46, SEC. 12, G. L.)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FORM R-301

To be filed for burial permit
with Board of Health
or its Agent.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

PRINT OR TYPE
CAUSE OR CAUSES
OF DEATH

do not enter
more than one
cause for each
of (a), (b) and (c)

This does not mean
the mode of dying,
such as heart failure,
asthenia, etc. It means
the disease, or compli-
cations which caused
death.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

Conditions contrib-
uting to death but not
related to the terminal
disease condition given
in (a).

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass. General Hosp

2 FULL NAME

Arthur Leo McFague

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

39 Fairview

(Usual place of abode)

St.

Winthrop

(City or T

Length of stay: In place of death.....years..2 months..6 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

April 11, 1942

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb 5 1942 to April 11 1942

I last saw him alive on April 11 1942 death is said to

have occurred on the date stated above, at 1:47p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pneumonia, lobar

Due To (b) Carcinoma of stomach

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? Exploratory, laparo-

5 Was disease or injury in any way related to occupation of deceased? tomy. Jejunostomy

If so, specify J. Gorrell

(Signature) M. D.

(Address) Mass. Gen. Hosp. Date 4/11 1942

6 Winthrop Cem. Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 14 1942

7 NAME OF
FUNERAL DIRECTOR W. P. Carley

ADDRESS Allston Mass

Received and filed April 14, 1942 19

A TRUE COPY ATTEST:

KEVIN H. WHITE
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOST

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. :

{(If death occurred in a hospit
St. } give its NAME instead of st
PHYSICIAN — IMPO:

{(Was deceased a
U. S. War Vetera
if so specify WA

PERSONAL AND STATISTICAL PARTI

8 SEX

9 COLOR

10 SINGLE

Male

White

MARRIE
WIDOWE
DIVORCI
UNKNOW

11 If married, widowed, or divorced
HUSBAND of Gertrude W. How

(Give maiden name of wil

(or) WIFE of.....
(Husband's name in

12 AGE 51 6/7 Years..... Months..... Days If

13 Usual Occupation: Trunk maker
(Kind of work done during most

14 Industry or Business: Leather factory

15 Social Security No. 012-07-8415

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER James McFague

18 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) Mass

19 MAIDEN NAME OF MOTHER Mary Quinn

20 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass

21 Informant Mrs. G. McFague,

(Address) 39 Fairview St. W

I HEREBY CERTIFY that a satisfactory stand
was filed with me BEFORE the burial or transi

(Signature of Agent of Board of Health o

(Official Designation)

(Date of Issue of

Original Copy
5-8-42

MAR 6 1963

Suffolk

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 3369

1 PLACE OF DEATH

(County)

Boston

(City or Town)

No. Peter Bent Brigham Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J. Campbell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence, No. 93 Locust

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of Catherine G. Daley (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days If less than 1 day Hours Minutes

Usual

9 Occupation: printer

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) Nova Scotia
(State or country)

13 NAME OF FATHER Michael Campbell

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Joyce

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

17 Informant John Campbell (Relation, if any) son
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 4/17/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 14 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/25/42, 19 to 4/14/42, 19
I last saw him alive on 4/14/42, 19, death is said to have occurred on the date stated above, at 7/20A m.

Immediate cause of death: thrombosis, rt iliac vein pulmonary infarction
Due to: carcinoma of bladder and prostate
Duration: 6 dys unk 3 yrs

Other conditions: pulm tbc old
(Include pregnancy within 3 months of death)

Major findings: Of operations: Date of 3/27/42

Of autopsy: autopsy

What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased? no
If so, specify:

(Signed) H. Benjamin M. D.
(Address) Boston Date 4/14/19 42

21 PLACE OF BURIAL, Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL April 16 1942 19

22 NAME OF FUNERAL DIRECTOR W Kirby
ADDRESS Winthrop

Received and filed 1942 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-141-4067

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH
 County Suffolk
 City or Town Boston
 No. Winthrop Community Hosp



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 73

2 FULL NAME Male Waite
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 352 Shirley St Winthrop
 (Usual place of abode)
 (If nonresident, give city or town and State)
 Length of stay: In hospital or institution _____ years _____ months _____ days. In this community _____ yrs. _____ mos. _____ days.
 (Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS
 3 SEX Male
 4 COLOR OR RACE White
 5 SINGLE (write the word)
 MARRIED single
 WIDOWED
 or DIVORCED
 5a If married, widowed, or divorced
 HUSBAND of _____
 (Give maiden name of wife in full)
 (or) WIFE of _____
 (Husband's name in full)
 6 Age of husband or wife if alive _____ years
 7 IF STILLBORN, enter that fact here. Stillborn
 8 AGE _____ Years _____ Months _____ Days | If less than 1 day
 _____ Hours _____ Minutes
 9 Occupation: _____
 Usual
 10 Industry _____
 or Business: _____
 11 Social Security No. _____
 12 BIRTHPLACE (City)
 (State or country) Winthrop
Mass.
 13 NAME OF FATHER Anthony Waite
 14 BIRTHPLACE OF FATHER (City)
 (State or country) Chelsea
Mass.
 15 MAIDEN NAME OF MOTHER Elizabeth Lucy
 16 BIRTHPLACE OF MOTHER (City)
 (State or country) Worcester
Mass.

17 Informant Anthony Waite (Relation, any)
 (Address) 352 Shirley St
 I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childs
 (Signature of Agent of Board of Health or other)
Health Officer 4/28/42
 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH
 18 DATE OF DEATH April 24 1942
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from
April 24, 1942 to April 24, 1942
 I last saw him _____ alive on _____, 19____, death is said to
 have occurred on the date stated above, at _____ m.
 Immediate cause of death _____
Stillborn
 Due to Cause unknown
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy Perfection
 What test confirmed diagnosis? _____
 20 Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (3) H. W. Cummings M. D.
 28 WASHINGTON AVENUE
WINTHROP, MASSACHUSETTS Date Apr. 25 1942
 21 Winthrop Cemetery, Winthrop
 Place of Burial, Cremation or Removal (City or Town)
 DATE OF BURIAL Apr 28 1942
 22 NAME OF FUNERAL DIRECTOR Trinity Bros
 ADDRESS 210 Winthrop St Winthrop
 Received and filed _____ 19____
 (Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-41-4667

1 PLACE OF DEATH

WORCESTER
(County)

RUTLAND
(City or Town)

No. Rutland State Sanatorium



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

RUTLAND

(City or town making return) ✓

Registered No. 71

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J. Noonan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 30 Dolphin
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution Sanatorium years 2 months 12 days.
(Before death) (Specify whether)

In this community yrs. 2 mos. 12 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years 4 Months 30 Days If less than 1 day Hours Minutes

Usual Occupation: Laborer

Industry or Business: W.P.A

11 Social Security No. ---

12 BIRTHPLACE (City) Providence, R.I.
(State or country)

PARENTS

13 NAME OF FATHER Michael Noonan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Ellen Howard

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant State San Records (Relation, if any)
(Address) Rutland, Mass.

A TRUE COPY.

ATTEST: Frances P. Hanff
(Registrar of city or town where death occurred)

DATE FILED April 25, 1942 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 25, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 13 1942, to April 25, 1942.
I last saw him alive on April 25, 1942, death is said to have occurred on the date stated above, at 5:00 A.M.

Immediate cause of death Pulmonary tuberculosis Duration 2 1940

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Of operations Underline the cause to which death should be charged statistically.

Date of

Of autopsy. Microscope

What test confirmed diagnosis? Microscope

20 Was disease or injury in any way related to occupation of deceased? N.O.

If so, specify

(Signed) George R. Hodel M.D.
(Address) Rutland State San Date 4/25 1942

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Anne's, Cranston, R.I.
(Cemetery) (City or Town)

DATE OF BURIAL April 28, 1942 19

22 NAME OF FUNERAL DIRECTOR J. Robert Winfield
ADDRESS 492 Manton Ave., Providence

Received and filed MAY 5 1942 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

TEWKSBURY STATE HOSPITAL
and INFIRMARY
TEWKSBURY, MASSACHUSETTS
(City or town making return)

1 PLACE OF DEATH
Middlesex
(County)
Tewksbury
(City or Town)
No. Tewksbury State Hospital and Infirmary

COPY OF
CERTIFICATE OF DEATH

Registered No. 116 75

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Edward W. Isbister
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 125 Cliff Avenue Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years 1 months 19 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Jessie (Not learned)
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive Not learned years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years 11 Months 8 Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Painter

Industry
10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER George Isbister

14 BIRTHPLACE OF FATHER (City) St. John's
(State or country) N. B.

15 MAIDEN NAME OF MOTHER Margaret Williams

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Hospital Records (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: C. Winthrop Houghton M.D. Supt.
(Registrar of city or town where death occurred)

DATE FILED April 2 19 42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 1 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Feb. 12 19 42, to Apr. 1 19 42
I last saw him alive on Apr. 1 19 42, death is said to
have occurred on the date stated above, at 9:40 P. m. Duration

Immediate cause of death
Cardiac Decomp. weeks

Due to Gen. Arteriosclerosis

Due to Diabetes Mellitus

Other conditions Post Cerebral Hemorrhage weeks
(Include pregnancy within 3 months of death) Physician

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify A. E. Radvilas M. D.
(Signed) T. S. H. & L. Tewksbury
(Address) Date 4/2 1942

21 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Everett
(Cemetery) (City or Town)

DATE OF BURIAL April 4 19 42

22 NAME OF FUNERAL DIRECTOR Albert F. Douglass
ADDRESS 242 Wash. ave., Chelsea

Received and filed JUN 1 1942 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)




WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

PARENTS

1	PLACE OF DEATH	Essex (County)		OFFICE OF THE SECRETARY COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH		Danvers (City or town making return)
		Danvers (City or Town)		Registered No. 75		
No.		Danvers State Hospital		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		
2 FULL NAME		Augusta Fitch		{ (If U. S. War Veteran, specify WAR)		
		(If deceased is a married, widowed or divorced woman, give also maiden name.)				
(a) Residence. No.		92 Lincoln		St. Winthrop		
		(Usual place of abode)				
Length of stay: In hospital or Institution		years	months	15	days.	
		(Before death)	(Specify whether)			
PERSONAL AND STATISTICAL PARTICULARS						
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)				
female	white	MARRIED WIDOWED OR DIVORCED single				
5a If married, widowed, or divorced						
HUSBAND of (Give maiden name of wife in full)						
(or) WIFE of (Husband's name in full)						
6 Age of husband or wife if alive years						
7 IF STILLBORN, enter that fact here.						
8 AGE 81 Years Months Days If less than 1 day Hours Minutes						
9 Occupation: Usual retired nurse						
10 Industry or Business: Cannot be learned						
11 Social Security No.						
12 BIRTHPLACE (City) Needham (State or country)						
13 NAME OF FATHER Thomas Fitch						
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)						
15 MAIDEN NAME OF MOTHER Bridget Riley						
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)						
17 Informant Mary K. McPhillips (Relation, if any)						
(Address) DSH						
A TRUE COPY.						
ATTEST: (Registrar of City or Town where death occurred)						
DATE FILED 4/14/42 19						

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH	April 13, 1942
	(Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)	
Chronic myocarditis	
General arteriosclerosis	
Manner: Fracture of left hip 3/27/42	
20 Accident, suicide, or homicide (specify) accident	
Date of occurrence	3/28/42 19
Where did injury occur?	Fell on street in Winthrop
	(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? Public place	
	(Specify type of place)
Manner of injury	Fell on street (out shopping)
Nature of injury	Fracture of left hip
While at work?	shopping
Was there an autopsy?	yes no
21 Was disease or injury in any way related to occupation of deceased? If so, specify	
(Signed)	Cornelius J. Kiley M. D.
(Address)	10 Chestnut Peabody Date 4/13/42
22	St. Patrick's Matick
	Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL	4/15/42 19
23 NAME OF FUNERAL DIRECTOR	John F. O'Maley
ADDRESS	Winthrop
Received and filed 19	
MAY 11 1942	
(Registrar of City or Town where deceased resided)	
(Registrar of City or Town where deceased resided)	



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 78 248

1 PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

Soldiers' Home Hospital

No.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William O'Leary

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

571 Shirley

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

Hosp.

years

months

days 19

In this community

yrs.

mos.

days.

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced
HUSBAND of

Mary Griffin

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Blacksmith, retired

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF

FATHER

Jeremiah

14 BIRTHPLACE OF

FATHER (City)

Cork, Ireland

(State or country)

Mary Looney

15 MAIDEN NAME

OF MOTHER

Cork, Ireland

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Hospital Records

17

Informant

(Address)

(Relation, if any)

A TRUE COPY.

ATTEST:

Joseph A. Purcell

(Registrar of city or town where death occurred)

DATE FILED

Apr. 20, 1942

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Apr. 20, 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

19

to

19

19

I last saw h.

live on

Apr. 20

19

42

have occurred on the date stated above, at

3:35 p.m.

Duration

Immediate cause of death

Arteriosclerotic heart disease

3 yrs.

Due to

Generalized arterio sclerosis

? 15 yrs

Due to

Generalized osteoarthritis

? 15 yrs

Cirrhosis of liver

? 3 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John F. Conlin

M. D.

(Address)

Soldiers' Home

Date

4/20

19

42

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Winthrop Cem. Winthrop

(Cemetery)

(City or Town)

DATE OF BURIAL

Apr. 22

19

42

22 NAME OF

FUNERAL DIRECTOR

John F. O'Maley

ADDRESS

79 Atlantic St. Winth.

Received and filed

MAY 14 1942

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



N. B.—WHILE FILLING IN, WITH UNFADING PENCIL—THIS IS A LEGAL DOCUMENT. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 79

2 FULL NAME Albert Brett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Elmwood Ave

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and state)

Length of stay: In hospital or institution 7 months 7 days

(Specify whether)

years

months 7 days

In this community 18 yrs. - mos. - days.

Rev. Mrs. White

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

5a If married, widowed or divorced
HUSBAND of Thelma Hall Brett

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 5 Months 20 Days If less than 1 day Hours Minutes

9 Occupation: Engraver

10 Industry or Business: Metal plates

11 Social Security No. none

12 BIRTHPLACE (City) Sheffield
(State or country) England

13 NAME OF FATHER William Brett

14 BIRTHPLACE OF FATHER (City) Sheffield
(State or country) England

15 MAIDEN NAME OF MOTHER Lucia Antoliff

16 BIRTHPLACE OF MOTHER (City) Sheffield
(State or country) England

17 Informant Elnora Hall Brett (Wife)
(Address) 19 Elmwood Ave., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/5/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 2 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
April 29, 1942 to May 2, 1942

I last saw him alive on May 2, 1942, death is said to
have occurred on the date stated above, at 4 P. M.

Immediate cause of death Curculosis of liver Duration 6 mos.

Due to Hepatoma of liver 3 mos

Due to Esophageal hemorrhage 24 hours

Other conditions (Include pregnancy within 3 months of death)
Gastric ulcer IMPORTANT

Major findings: none Underline the cause to which death should be charged statistically.

Of operations: none Date of autopsy: Curculosis of liver with
esophageal hemorrhage What test confirmed diagnosis: Chemical & Cult.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob Abrahams M. D.
(Address) 562 Shirley St. Date 5/3/42

21 Forrest Hills Crematory Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 5, 1942 19

22 NAME OF FUNERAL DIRECTOR Richard D. White
ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed May 7 1942

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or foresaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered, such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. xix, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal or electric agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.

should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)
No. *49 Bartlett Rd.*



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *80*

2 FULL NAME *Henry A. Gramja*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *49 Bartlett Rd.*
(Usual place of abode)

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: in hospital or institution (Before death) (Specify whether) years months days. In this community *30* yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Married*

5a If married, widowed, or divorced
HUSBAND of *Caroline H. Gramja*
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive *60* years

7 IF STILLBORN, enter that fact here.

8 AGE *65* Years — Months — Days | If less than 1 day
Hours — Minutes

9 Occupation: *Custodian*

10 Industry or Business: *City of Boston*

11 Social Security No. *—*

12 BIRTHPLACE (City)
(State or country) *East Boston Mass*

PARENTS

13 NAME OF FATHER *William H. Switzer*

14 BIRTHPLACE OF FATHER (City)
(State or country) *Ireland*

15 MAIDEN NAME OF MOTHER *Mary Le Blanc*

16 BIRTHPLACE OF MOTHER (City)
(State or country) *Brooklyn*

17 Informant *Dr. E. J. Gaudy* Relation, if any
(Address) *49 Bartlett Rd.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)
Agent *May 2 / 42*
(Official designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *May 2 1942*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
January 1 1941 to *May 2 1942*
I last saw him alive on *May 3 1942* death is said to
have occurred on the date stated above, at *3:30 P. m.*

Immediate cause of death *Coronary Thrombosis* Duration
IMPORTANT

Due to *arterio-sclerosis* *3 WEEKS*
2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations *—* Physician

Date of
Of autopsy *—* Underline
the cause to
which death
should be
charged statistically.
What test confirmed diagnosis? *NONE*

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *Edward J. Gaudy* M. D.
(Signed) (Address) *211 Washington St.* Date *May 2 1942*

21 *Wintthrop* *Wintthrop*
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL *May 4 1942*

22 NAME OF FUNERAL DIRECTOR *John H. O'Neale*
ADDRESS *1111 Washington St.*

Received and filed *MAY 7 1942* 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for sail purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 33, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **81**

1 PLACE OF DEATH **Sussex** (County)
Northrop (City or Town)
No. **41 Hillside Avenue** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Olivia (Windsor) Haddie**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **41 Hillside Avenue** St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution **—** years months days. In this community **22** yrs. **—** mos. **—** days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **MARRIED**
Widowed or DIVORCED **Married**

5a If married, widowed, or divorced HUSBAND of **William J. Haddie** (Give maiden name of wife in full)
(or) WIFE of **William J. Haddie** (Husband's name in full)

6 Age of husband or wife if alive **63** years

7 IF STILLBORN, enter that fact here.

8 AGE **72** Years Months Days If less than 1 day Hours Minutes

9 Occupation: **At home**

10 Industry or Business: **—**

11 Social Security No. **—**

12 BIRTHPLACE (City) **St. John's**
(State or country) **Newfoundland**

13 NAME OF FATHER **Washington Hill Windsor**

14 BIRTHPLACE OF FATHER (City) **Newfoundland**
(State or country)

15 MAIDEN NAME OF MOTHER **Unable to obtain** **Schafe**

16 BIRTHPLACE OF MOTHER (City) **Newfoundland**
(State or country)

PARENTS

17 Informant **William J. Haddie** (Relationship, if any)
(Address) **41 Hillside Ave Northrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Guldberg
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **5/5/42** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **May 5 1942**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **January 10, 1941**, to **May 5, 1942**
I last saw her alive on **May 4, 1942** death is said to have occurred on the date stated above, at **4:45 A.M.**

Immediate cause of death **Angina Pectoris** Duration **16 mos**

Due to **Arteriosclerosis** **1 year**

Due to **—**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **none** Of operations **—** Date of **—**

Of autopsy **—**

What test confirmed diagnosis: **clinical & lab.**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **—**

(Signed) **Jacob Abrahamson** M. D.
(Address) **662 Stanley St.** Date **5/5/42**

21 **Northrop** **Northrop**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **May 8 1942**

22 NAME OF FUNERAL DIRECTOR **Charles P. Bemison**
ADDRESS **Northrop Mass.**

Received and filed **MAY 7 1942** **19**
(Registrar)

IMPORTANT
Physician

Underline the cause to which death should be charged statistically.

RETURN OF CERTIFICATES OF DEATH

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Cchap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made, . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 1 year or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH
 {
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 3 Elmwood Court



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or Its Agent.

Registered No. 82

St. { (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Pauline Emily (Hackett) Bacon
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 3 Elmwood Court
 (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution. — years months days. In this community 58 yrs. mos. days.
 (Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE White
 5 SINGLE (write the word)
 MARRIED Married
 WIDOWED
 or DIVORCED

5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of Willard M. Bacon
 (Husband's name in full)

6 Age of husband or wife if alive 82 years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 1 Months 19 Days | If less than 1 day
 Hours Minutes

Usual
 9 Occupation: at home

Industry
 10 or Business:
 11 Social Security No.
 12 BIRTHPLACE (City) Newmarket
 (State or country) Canada

13 NAME OF
 FATHER James Hackett

14 BIRTHPLACE OF
 FATHER (City) Canada
 (State or country)

15 MAIDEN NAME
 OF MOTHER Unable to obtain

16 BIRTHPLACE OF
 MOTHER (City) Unable to obtain
 (State or country)

17 Informant Willard M. Bacon (Husband)
 (Address) 3 Elmwood Court Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
 Health Officer 5/7/42

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 6 1942
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Christian 19 to 19

I last saw him alive on 19 death is said to

have occurred on the date stated above at 5 A. M. Duration

Immediate cause of death: at home IMPORTANT

Natural causes

Due to

Cardio-vascular-renal disease

Due to 3 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Physician

Date of Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) M. D.

(Address) Winthrop, Mass. Date 5/7/42

21 Winthrop Winthrop
 Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 8 1942

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WHILE FILLING IN, WITH UNFADING INK—THIS IS A PRELIMINARY RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

1 PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.		Registered No. 83	
2 FULL NAME		45 Floyd St.		Louis Clifton Smith		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No.		45 Floyd		St.		(Usual place of abode)		(If nonresident, give city or town and state)			
Length of stay: In hospital or institution.		In this community		yrs. mos. days.		35 years					
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED									
Male	White	Married									
5a If married, widowed or divorced HUSBAND of Bertha Madlyn Holden (Give maiden name of wife in full)											
(or) WIFE of (Husband's name in full)											
6 Age of husband or wife if alive. 57 years											
7 IF STILLBORN, enter that fact here.											
8 AGE 85 Years 5 Months 21 Days If less than 1 day Hours Minutes											
9 Usual Occupation: Owner											
10 Industry Laundry Machinery											
11 Social Security No.											
12 BIRTHPLACE (City) Granby (State or country) Massachusetts											
13 NAME OF FATHER William Smith											
14 BIRTHPLACE OF FATHER (City) Granby (State or country) Massachusetts											
15 MAIDEN NAME OF MOTHER Helen Barton											
16 BIRTHPLACE OF MOTHER (City) Granby (State or country) Massachusetts											
17 Informant Bertha E. Smith (wife) (Address) 45 Floyd St., Winthrop											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childers (Signature of Agent of Board of Health or other) Health Officer 5/15/42 (Official Designation) (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH May 13 1942 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from May 1, 1940 to May 13, 1942. I last saw him alive on May 13, 1942, death is said to have occurred on the date stated above, at 10 P.M. Immediate cause of death Chronic myocarditis Duration IMPORTANT 2 yrs											
Due to											
Due to											
Other conditions Semibility (Include pregnancy within 3 months of death)											
Major findings: Of operations Date of Of autopsy What test confirmed diagnosis?											
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Louis T. Salerni M. D. (Address) 175 Pleasant St. Date May 14, 1942											
21 South Hadley Cemetery South Hadley Place of Burial, Cremation or Removal (City or Town) Fall DATE OF BURIAL May 16 1942											
22 NAME OF FUNERAL DIRECTOR Chas. R. Robinson ADDRESS Winthrop, Mass.											
Received and filed MAY 15 1942 19 (Registrar)											

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WHILE FILLING IN WITH UNFAMILAR PLACES, PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Community Hospital St.

2 FULL NAME Abbie Agnes (Gammell) Dixon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 45 Winthrop Street St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years — months 5 days.

(Specify whether)

In this community 37 yrs. — mos. — days.

Registered No. 84

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

{ (If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

Female White MARRIED or DIVORCED Married

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Howard A S Dixon (Husband's name in full)

6 Age of husband or wife if alive 44 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 4 Months 2 Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Charlestown Mass.

13 NAME OF FATHER Warren Gammell

14 BIRTHPLACE OF FATHER (City) Boston Mass.

15 MAIDEN NAME OF MOTHER ? North

16 BIRTHPLACE OF MOTHER (City) Shirley Mass.

17 Informant Howard A Dixon (Husband) 45 Winthrop St. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 14 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 1, 1942 to May 14, 1942

I last saw him alive on May 13, 1942, death is said to have occurred on the date stated above, at 4:30 a. m. Duration IMPORTANT

Immediate cause of death.

Cerebral Embolism 1 day

Due to Hypertension

Due to myxomatosis

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Underline the cause to which death should be charged statistically.

Of operations. Date of.

Of autopsy.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) O. J. McKeown, M. D.

(Address) 45 Winthrop St. Date 5-15-1942

21 Winthrop Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 17 1942

22 NAME OF FUNERAL DIRECTOR Howard S. Gurnolds

ADDRESS Winthrop Mass.

Received and filed MAY 18 1942

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there be no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

50m-10-39, No. 8427-1

PLACE OF DEATH

WORCESTER

(County)

TEMPLETON

(City or Town)

No. Hospital Cottages for Children

(Baldwinsville)

2 FULL NAME

Patricia Louise Nolan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

21 Somerset Avenue

(Usual place of abode)

Length of stay: In hospital or institution

Hospital 1 years 10 months 10 days.

(Specify whether)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

85

(If U. S. War Veteran, specify WAR)

St. Winthrop, Mass.

(If nonresident, give city or town and state)

In this community 1 yrs. 10 mos. 10 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

7

Years

6

Months

8

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Winthrop, Mass.

13 NAME OF
FATHER

William Lewis Nolan

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston, Mass.

15 MAIDEN NAME
OF MOTHER

Nancy Marshall

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Scotland

17

Informant
(Address)

Mrs. W. L. Nolan

Winthrop, Mass.

Relation, if any
(Mother)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

May 16, 1942

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

TEMPLETON

(City or town making return)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May

15,

1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

July 5,

1940, to

May 14,

1942

I last saw her alive on

May 14,

1942

death is said to have occurred on the date stated above, at 2:50 AM.

Duration

Immediate cause of death

Bronchopneumonia

Organism unknown

1 day

Due to Chronic Encephalitis

7 years

Due to Mental deficiency

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy Bronchopneumonia

What test confirmed diagnosis? Autopsy

20 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Edwin St. John Ward

M. D.

(Address) Templeton, Mass. Date 5-15-42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop, Mass

(Cemetery)

(City or Town)

DATE OF BURIAL

May

18

19

42

22 NAME OF
FUNERAL DIRECTOR

John F. O'Maley

ADDRESS

Winthrop, Mass.

Received and filed

MAY 18 1942

19

(Registrar of City or Town where deceased resided)



should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. Station Hospital, Fort Banks, Mass.		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 86	
2 FULL NAME		VICTOR (None) DAHLQUIST (If deceased is a married, widowed or divorced woman, give also maiden name.)									
(a) Residence. No.		65 Revere St., Winthrop, Mass. St.									
(Usual place of abode)		(If nonresident, give city or town and State)									
Length of stay: In hospital or institution		Hospital years months 27 days. In this community 17 yrs. mos. days.									
(Before death)		(Specify whether)									
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED									
Male	White	Married									
5a If married, widowed or divorced HUSBAND of Signe Alvida Anderson (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)											
6 Age of husband or wife if alive 60 years											
7 IF STILLBORN, enter that fact here. -											
8 AGE 69 Years 3 Months 24 Days If less than 1 day Hours Minutes											
Usual 9 Occupation: 1st Sgt-Retired											
Industry or Business: US Army-Retired											
11 Social Security No. -											
12 BIRTHPLACE (City) (State or country) Sweden											
PARENTS	13 NAME OF FATHER Unknown										
	14 BIRTHPLACE OF FATHER (City) (State or country) Sweden										
	15 MAIDEN NAME OF MOTHER Unknown										
	16 BIRTHPLACE OF MOTHER (City) (State or country) Sweden										
17 Informant Arvid Dahlquist (Son) (Address) 65 Revere St., Winthrop, Mass.											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childress (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 5/19/42											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH May 18th 1942 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from April 21, 1942, to May 18, 1942 I last saw him alive on May 18, 1942, death is said to have occurred on the date stated above, at 11:05 a.m. Immediate cause of death: Cerebral hemorrhage Duration IMPORTANT 4 weeks											
Due to Cerebral arteriosclerosis											
Due to Hypertension											
Other conditions: None (Include pregnancy within 3 months of death)											
Major findings: Of operations: None Date of: Of autopsy: None What test confirmed diagnosis? Clinical Obsn.											
20 Was disease or injury in any way related to occupation of deceased? NO If so, specify: Robert S. Gandy (Signed) ROBERT S. GANDY (Address) Fort Banks, Mass. Date May 18, 1942											
21 Winthrop Cemetery Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL May 21, 1942 19											
22 NAME OF FUNERAL DIRECTOR Charles E. Bennison ADDRESS Winthrop Mass											
Received and filed MAY 21 1942 19 (Registrar)											

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physiolan or registered hospital medloal officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-aix, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

REVERE NOTIFIED

1 PLACE OF DEATH SUFFOLK (County)

WINTHROP (City or Town)

No. WINTHROP COMMUNITY HOSP St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BABY WHITE (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 271 CRESCENT AVE REVERE (If U. S. War Veteran, specify WAR)

length of stay: In hospital or institution Hospital — years — months — days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED SINGLE (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here.

8 AGE — Years — Months — Days — 22 Hours — Minutes (If less than 1 day)

9 Usual Occupation: NONE

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) WINTHROP (State or country) SUFFOLK

13 NAME OF FATHER JOHN A. WHITE

14 BIRTHPLACE OF FATHER (City) REVERE (State or country) SUFFOLK - MASS.

15 MAIDEN NAME OF MOTHER GERTRUDE WALSH

16 BIRTHPLACE OF MOTHER (City) BOSTON (State or country)

PARENTS

17 JOHN WHITE Relation, if any (FATHER)

(Address) 271 CRESCENT AVE REVERE

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 5/20/42 (Date of Issue of Permit)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 18 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 17, 1942, to May 18, 1942

I last saw her alive on May 18, 1942; death is said to have occurred on the date stated above, at 2:35 A.M. Duration

Immediate cause of death: Pulmonary atelectasis May 17-42

Due to Breathing before birth ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John F. Collins M. D. (Address) Revere, Mass. Date 5/18, 1942

21 HILDA CROSS MALDEN Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL MAY 20, 1942

22 NAME OF FUNERAL DIRECTOR JOSEPH MURPHY

ADDRESS 262 BEACH ST REVERE

Received and filed 19

A TRUE COPY ATTEST: MAY 21 1942 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4067

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

88

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 167 Shore Drive



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Rose Rubin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR) ☒ O

(a) Residence, No. 167 Shore Drive
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution No years months days. In this community 12 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED WIDOWED Widowed
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Harris Glaser
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years — Months — Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Housewife

Industry
10 or Business: None

11 Social Security No. none

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Harris Glaser

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Tobe (Unknown)

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant William Rubin (Son)
(Address) 21 Kirkwood Rd. Brighton, Mass.

I HEREBY CERTIFY that a satisfactory, standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/21/42
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 21, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May, 1936, to May 21, 1942.

I last saw him alive on May 21, 1942 death is said to
have occurred on the date stated above, at 2:50 a.m.

Immediate cause of death

Cerebral Hemorrhage
Due to Parkinson's disease 5 yrs.
Due to Hypertension 3 yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Neurologist M. D.
(Address) 284 W. 4th Ave Date 5/21/1942

21 Anshe Lehavitz Cem. — Woburn
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 21, 1942

22 NAME OF FUNERAL DIRECTOR TORF FUNERAL HOME
HYMAN J. TORF
ADDRESS 151 WASHINGTON AVE., CHELSEA

Received and filed MAY 25 1942
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make in a certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 83, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Reverse statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

no be carefully supplied. Not should be stated. Exact statement of OCCUPATION is very important. See instructions and terms, so that it may be properly classified. Extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-E-2-4-2-8855

1 PLACE OF DEATH
Suffolk
(County)
Winthrop Hds.
(City or Town)
No. 321 Revere Street



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 89

2 FULL NAME Carlo Tosi
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 321 Revere Street St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution — years months days. In this community 20 yrs. mos. — days.
(Refuse death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) none

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED married
5a If married, widowed, or divorced Maria Brunnini
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 76 years

7 IF STILLBORN, enter that fact here.

8 AGE 89 Years 6 Months 17 Days | If less than 1 day
Hours Minutes

Usual Occupation: Porter

10 Industry or Business: Retired

11 Social Security No. none

12 BIRTHPLACE (City) Bologna Italy
(State or country)

13 NAME OF FATHER Unknown Tosi
14 BIRTHPLACE OF FATHER (City) Unknown Italy
(State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER Unknown Italy
(State or country)

17 Informant Henry J. Tosi Relation, if any (son)
(Address) 131 Hudson St., New York City

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 5/23/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 21, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 21, 1942, to May 21, 1942
I last saw him alive on May 21, 1942, death is said to have occurred on the date stated above, at 11:20 P. M.
Immediate cause of death: Carcinoma of Stomach 1 year
Due to Chronic Myocarditis 2 years
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations:
Of autopsy:
What test confirmed diagnosis:
Physician Underline the cause to which death should be charged statistically.

Duration IMPORTANT

IMPORTANT

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Nicholas J. Tosi, M. D.
(Address) 27 Bay State Road, Boston, Mass. Date May 22, 1942

21 Old Calvary Cemetery, Boston, Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 25, 1942

22 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons
ADDRESS Boston, Mass. A.C.W.

Received and filed MAY 25 1942
(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the usual occupation prior to illness; if the disease has retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as house-keeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 91

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Station Hospital, Fort Banks, Mass.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME EDMUND D. ROCHE

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 161 Woodland Road,
(Usual place of abode)

St. Brookline, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital - years - months 8 days.
(Before death) (Specify whether)

In this community - yrs. - mos. 8 days.

PHYSICIAN — IMPORTANT

(Was deceased a U.S. War Veteran,
if so specify WAR) 62

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive - years

7 IF STILLBORN, enter that fact here.

8 AGE 22 Years 8 Months 12 Days | If less than 1 day
Hours Minutes

Usual

9 Occupation: 2nd Lieut., Air Corps

10 Industry
or Business: U. S. Army

11 Social Security No. -

12 BIRTHPLACE (City) Massachusetts
(State or country)13 NAME OF
FATHER

Edmund B. Roche

14 BIRTHPLACE OF
FATHER (City) Lowell, Mass.
(State or country)15 MAIDEN NAME
OF MOTHER

Agnes T. O'Shea

16 BIRTHPLACE OF
MOTHER (City) Massachusetts
(State or country)

PARENTS

17

Informant Edmund B. Roche (relation, if any)
(Address) 161 Woodland Rd., Brookline, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
(Date of Issue of Permit) 6/2/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May

31

1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 23, 1942, to May 31, 1942

I last saw him alive on May 31, 1942, death is said to

have occurred on the date stated above, at 10:45 p.m.

Immediate cause of death: Scarlet Fever

Duration

IMPORTANT
8 da.

Due to -

Due to -

Other conditions: Uremia due to Nephritis,
(Include pregnancy within 3 months of death) acute.

b da.

IMPORTANT

Major findings:
Of operations

Physician

Date of June 1, 1942
Of autopsy Nephritis, acute
What test confirmed diagnosis? Routine clinical studyUnderline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify Robert E. Grendy, M.D.
(Signed) Robert E. Grendy, M.D.
(Address) Fort Banks, Mass. Date June 1, 194221 Holyhood Brookline
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 3 194222 NAME OF
FUNERAL DIRECTOR
ADDRESS 254 Beach St. Revere

Received and filed June 2, 1942 19

(Registrar)

should be carefully supplied. Not shown on this form. See instructions and
terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 41292

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary W Tewksbury

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

282 Pleasant

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

years

months

days

In this community

yrs.

mos.

days

(Before death)

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

fem

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8

AGE 69 Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Winthrop Mass

13 NAME OF

FATHER

John S Tewksbury

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Winthrop

15 MAIDEN NAME

OF MOTHER

Mary Green

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nantucket Mass

17

Informant (Address)

Fred Tewksbury

Relation, if any

(cousin)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

5/11/42

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May 7 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

5/4/42

19

5/7/42

19

I last saw her alive on 5/7/42, 19

have occurred on the date stated above, at 10 P. M.

Duration

Immediate cause of death

carcinoma of stomach with
metastases

mos

Due to pyelonephritic left

obstruction, left uraten

dys

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy above

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H Benjamin

M. O.

(Address) Boston

Date 5/8/1942

21 PLACE OF BURIAL

CREMATION OR REMOVAL Winthrop Mass

(Cemetery)

(City or Town)

DATE OF BURIAL

May 11 1942

19

22 NAME OF

FUNERAL DIRECTOR

C R Bennison

ADDRESS

Winthrop

Received and filed

MAY 10 1942

19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
Copies of records of deaths occurring during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 4256 93

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. 27 Howland

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Simon Malinsky
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 16 Nevada
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED5a If married, widowed, or divorced Rebecca Evans
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years.....Months.....Days | If less than 1 day
Hours.....MinutesUsual collector
9 Occupation:Industry Roxbury Ladies Fuel
10 or Business: Society

11 Social Security No.

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Morris Malinsky

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER unknown

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant Sarah Jacobs (Relation, if any)
(Address) (Address)A TRUE COPY. Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 5/15/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 13 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from April 1942, to 5/13/42, 19
I last saw him alive on 5/13/42, 19, death is said to
have occurred on the date stated above, at 3 A.m. Duration

Immediate cause of death cerebral hemorrhage May 7

Due to arteriosclerosis ?

Due to myocarditis

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Date of. Physician

Of autopsy. Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J Ginsburg, M. D.

(Address) Boston Date 5/13/42

21 PLACE OF BURIAL, Adath Jeshurun W. Rex
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL May 13 1942 19

22 NAME OF FUNERAL DIRECTOR J. H. Levine
ADDRESS Boston

Received and filed JUN 10 1942 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Copies of returns received during the previous month when occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHBOSTON
(City or town making return)

Registered No. 4384

1 PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)

No. 330 Brookline Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Swartz
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 20 Sea Foam St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Morris Swartz (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 47 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER Jacob Levine

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Jennie Levine

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant Hyman Levine (Relation, if any) bro
(Address)

A TRUE COPY

ATTEST: Francis J. Ray
(Registrar of city or town where death occurred)

DATE FILED 5/16/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 14 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 5/14/42, 19 to 5/14/42, 19
I last saw her alive on 5/14/42, 19, death is said to have occurred on the date stated above, at 10/25A.m.Immediate cause of death: cerebral hemorrhage Hypertension for many years
essential hypertension

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... Date of.....

Of autopsy.....

What test confirmed diagnosis?.....
20 Was disease or injury in any way related to occupation of deceased?.....If so, specify Albert Roos, M. D.
(Signed) Boston Date 5/14/19 42
(Address)21 PLACE OF BURIAL, Winthrop Everett
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL May 15 1942 19

22 NAME OF FUNERAL DIRECTOR M. Stanetaky
ADDRESS Boston

Received and filed May 10 1942 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
Copies of returns received during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 4635 95

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henrietta Wolfe (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 21 Nevada St. Winthron (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days. (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED married or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 78 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: at home

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Austria (State or country)

13 NAME OF FATHER Jacob Coma

14 BIRTHPLACE OF FATHER (City) Austria (State or country)

15 MAIDEN NAME OF MOTHER --

16 BIRTHPLACE OF MOTHER (City) Austria (State or country)

17 Informant husband (Relation, if any) (Address)

A TRUE COPY

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 5/28/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 25 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5/22/42, 19, to 5/25/42, 19, I last saw her alive on 5/25/42, 19, death is said to have occurred on the data stated above, at 9 45P m. Duration

Immediate cause of death Hypertensive cardio vascular disease 14 yrs

Dua to

Dua to

Other conditions Gen arteriosclerosis yrs Physician

(Include pregnancy within 3 months of death)

Major findings: Of operations

Date of Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis? autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify H Benjamin M. D.

(Signed) (Address) Boston Date 5/26/42 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Har Moria W Bx (Cemetery) (City or Town)

DATE OF BURIAL May 26 1942 19

22 NAME OF FUNERAL DIRECTOR B F Solomon ADDRESS Brookline

Received and filed 5/28/42 19

(Registrar of City or Town where deceased resided)

WRITE PLAINLY WITH UNFADING INK. This is a PERMANENT RECORD. Copies of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 467296

SUFFOLK
County
BOSTON

PLACE OF DEATH

(City or Town)

No. Mass General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank J Belcher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Ingleside Ave
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or Institution..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED married or DIVORCED

5a If married, widowed, or divorced HUSBAND of Mary Farnum
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 21 years

7 IF STILLBORN, enter that fact here.

8 AGE 30 Years 4 Months 20 Days If less than 1 day Hours Minutes

Usual
9 Occupation: machinistIndustry
10 or Business: tools

11 Social Security No. 010-05-7562

12 BIRTHPLACE (City) Winthrop Mass
(State or country)

PARENTS

13 NAME OF FATHER Harold P Belcher

14 BIRTHPLACE OF FATHER (City) Winthrop Mass
(State or country)

15 MAIDEN NAME OF MOTHER Margery Joy

16 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)17 Informant father (Relation, if any)
(Address)

A TRUE COPY

ATTEST: Francis J. Gann
(Registrar of city or town where death occurred)

DATE FILED 5/29/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 26 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5/25/42, 19, to 5/26/42, 19, I last saw him alive on 5/26/42, 19, death is said to have occurred on the date stated above, at 1.10 p.m. Duration

Immediate cause of death chronic glomerular nephritis unk

diabetes mellitus 17 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Date of Physician Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. F. Houser M. D.
(Address) Boston Date 5/26/19 4221 PLACE OF BURIAL, Winthrop Mass
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL May 23 1942 19

22 NAME OF FUNERAL DIRECTOR W. S. Reynolds
ADDRESS Winthrop

Received and filed JUN 30 1942 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 97

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop, Can. Hgpt St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl DE Napoli
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 6 Central
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>R</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here. <u>Stillborn</u>		
8 AGE Years Months Days If less than 1 day Hours Minutes		
9 Occupation: Usual		
10 Industry or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) <u>Winthrop</u> (State or country) <u>Mass.</u>		

PARENTS

13 NAME OF FATHER <u>George DE Napoli</u>
14 BIRTHPLACE OF FATHER (City) <u>Revere</u> (State or country) <u>Mass.</u>
15 MAIDEN NAME OF MOTHER <u>Madeline Scandone</u>
16 BIRTHPLACE OF MOTHER (City) <u>Winthrop</u> (State or country) <u>Mass.</u>
17 Informant <u>George DE Napoli</u> (Relation, if any) (Address) <u>6 Central St., Winthrop</u>

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. P. Muldoon
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/9/42
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <u>May 29 1942</u> (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from <u>May 29 1942</u> to <u>May 29 1942</u> I last saw him alive on 19....., death is said to have occurred on the date stated above, at m. Immediate cause of death: <u>Stillborn twin</u> <u>(macerated)</u> Due to <u>poison</u> Due to <u>smoke</u>
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy: <u>Pathological</u> What test confirmed diagnosis? <u>Pathological</u>
20 Was disease or injury in any way related to occupation of deceased? If so, specify: (Signed) <u>John E. Reilly</u> , M. D. (Address) <u>Box 6-2</u> 1942
21 St. <u>Michael</u> Boston Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>June 10, 1942</u>
22 NAME OF FUNERAL DIRECTOR <u>Michael J. Trulla</u> ADDRESS <u>10 No. Bennet St., Boston</u>
Received and filed <u>JUN 11 1942</u> (Registrar)

should be carefully supplied. Not subject to information terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

WRITE IN PLAIN INK WITH INKING BLANK. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. OCCUPATION should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 404 Revere St.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 98

2 FULL NAME Catherine Mc Coart Cunningham

(If deceased is a married, widowed or divorced woman, give also maiden name.)

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 404 Revere St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. years months days. In this community 30 yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William E. Cunningham
(Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 13 Months 13 Days If less than 1 day Hours Minutes

Usual At Home

9 Occupation:

Industry

10 or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Cambridge
(State or country) Mass.

13 NAME OF FATHER John Mc Coart

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Brennan

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant William J. Cunningham Son
(Address) 26 Yeaman St. Revere Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Childers Jr.
(Signature of Agent of Board of Health or other)

Health Officer 6/2/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 2 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 6, 1937, to June 2, 1942

I last saw her alive on June 1, 1942 death is said to have occurred on the date stated above, at 2:30 a.m.

Immediate cause of death Acute Coronary Thrombosis Duration 2 weeks

Due to Atherosclerosis 5 years

Due to Chronic Intestinal Hepatitis 5 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: none

Of operations Date of

Of autopsy none

What test confirmed diagnosis? Chemical & Laboratory

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob P. P. M. D.

(Address) 562 Shirley St. Boston 9/1/42

21 Holy Cross Malden Mass.

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 3 1942

22 NAME OF FUNERAL DIRECTOR Richard D. White

ADDRESS 147 Winthrop St. Winthrop

Received and filed. JUN 8 1942

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, and if there is no such board, from the selectmen of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than he received from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent, or clerk, as the case may be, a satisfactory written statement containing the facts, which by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45. G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting ecclesiastical, thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.* heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over, and for occupation given up or changed on account of illness or the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 492899

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)

No. Gustavson Conv Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine A McCollom
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence, No. 441 Winthrop
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: at home

Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass
(State or country)

13 NAME OF FATHER John McCollom

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Ellen Carlan

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant James McCollom (Relation, if any)
(Address) nephew

A TRUE COPY.

ATTEST: Francis J. Fay
(Registrar of city or town where death occurred)

DATE FILED 6/8/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 4 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 5/26/42, 19, to 5/26/42, 19.
I last saw her alive on 5/26/42, 19, death is said to have occurred on the date stated above, at 5 P m. Duration

Immediate cause of death carcinoma of breast yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Of operations Underline the cause to which death should be charged statistically.

Date of

Of autopsy clin

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. C. Biggs M. D.

(Address) Boston Date 6/4/19 42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Everett
(Cemetery) (City or Town)

DATE OF BURIAL June 6 1942 19

22 NAME OF FUNERAL DIRECTOR W D Casey
ADDRESS Chelsea

Received and filed JUL 3 1942 19

(Registrar of City or Town where deceased resided)

resided in any city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

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resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

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The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 505 **100**

SUFFOLK
BOSTON
(County)



PLACE OF DEATH

(City or Town) Mass General Hospital

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Adlam
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 90 Shore Drive St. Winthron
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED single
WIDOWED
or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 9 Months 18 Days If less than 1 day Hours Minutes

9 Occupation: Usual

10 Industry or Business: Apartment House

11 Social Security No. 020-12-2128

12 BIRTHPLACE (City) England
(State or country)

13 NAME OF FATHER George Adlam

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Mary A Sharp

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant Dorothy R Beckler (Relation, if any) Friend
(Address)

A TRUE COPY. Francis J. Ray
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 6/11/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 7 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 6/4/42, 19 to 6/7/42, 19
I last saw him alive on 6/7/42, 19, death is said to have occurred on the date stated above, at 2/43P m. Duration

Immediate cause of death Generalized arteriosclerosis 2 yrs
intracerebral hemorrhage
Due to bilateral 4 yrs

Due to hypertension
Other conditions cardio-hypertensive
(Include pregnancy within 3 months of death) type Physician

Major findings: Of operations. Underline the cause to which death should be charged statistically.

Of autopsy. What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G F Houser, M. D.
(Address) Boston Date 6/4/19 42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthron Mass
(Cemetery) (City or Town)

DATE OF BURIAL June 10 1942 19

22 NAME OF FUNERAL DIRECTOR J S Waterman & Sons
ADDRESS Boston

Resolved and filed Jul 3 1942 19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-10-'39, No. 8427-j

PARENTS

PLACE OF DEATH

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GOVERNING THE

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Information should be carefully supplied. Exact statement of OCCUPATION
CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 102

No. 110 Summit Avenue

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME David Lawrence Williams

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 110 Summit Avenue

St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution None

(Specify whether)

years

months

days.

In this community 3 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. 4 COLOR OR RACE White. 5 SINGLE (write the word) MARRIED Married
or WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Sara A. Mulvanity.
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. 60 years

7 IF STILLBORN, enter that fact here. -

8 AGE 67 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Retired.

10 Industry or Business: Physician.

11 Social Security No. None.

12 BIRTHPLACE (City) Boston Mass.
(State or country)

13 NAME OF FATHER Charles Williams.

14 BIRTHPLACE OF FATHER (City) Germany.
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Hennessey.

16 BIRTHPLACE OF MOTHER (City) Ireland.
(State or country)

17 Informant Sara A. Williams. (Wife.)
(Address) 110 Summit Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Wm. A. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/8/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 7, 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to
have occurred on the date stated above, at 2 A. m.
Immediate cause of death.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date June 7, 1942

21

Place of Burial, Cremation or Removal
DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR

ADDRESS 1605 Tremont St. Boston.

Received and filed

JUN 8 1942

(Registrar)



Information should be carefully supplied. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate. is very important.

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 103

No. 42 Sunnyside Ave St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN L. KEIGH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 42 SUNNYSIDE

(Usual place of abode)

St. AVE WINTHROP MASS

(If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether)

years

months

days

In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

Margaret M. Hogg

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years — Months — Days If less than 1 day
Hours — Minutes

Usual

9 Occupation:

Stock Keeper

Industry

10 or Business:

City of Boston

II Social Security No.

12 BIRTHPLACE (City)

(State or country)

Boston

13 NAME OF FATHER

John C. Keigh

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Margaret Welch

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant

(Address)

Helen Indigero (daughter)

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

June

10

1942

(Month)

(Day)

(Year)

19 HEREBY CERTIFY That I attended deceased from

the 1st, 1942, to June 10, 1942

I last saw him alive on June 8, 1942, death is said to

have occurred on the date stated above, at 7:35 P.M.

Immediate cause of death

Arteriosclerosis

Arteriosclerosis

Due to Chronic Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? Urine

20 Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) J. S. Sullivan, M. D.

(Address) 210 W. 1st St. Date 6-11-42

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June 12, 1942

22 NAME OF FUNERAL DIRECTOR

ADDRESS 210 W. 1st St.

Received and filed

JUN 13 1942

(Registrar)



The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 51 104

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. U S Marine Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Philip J Bradley
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 100 Washington Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED married
WIDOWED
or DIVORCED5a If married, widowed, or divorced Selma Peterson
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years 9 Months 4 Days If less than 1 day
Hours MinutesUsual
9 Occupation: seaman

10 Industry or Business: Merchant Marine

11 Social Security No.

12 BIRTHPLACE (City) Boston Mass
(State or country)

PARENTS

13 NAME OF FATHER Richard Bradley

14 BIRTHPLACE OF FATHER (City) Boston
(State or country)

15 MAIDEN NAME OF MOTHER Margaret Graham

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country)17 Informant Hospital (Relation, if any)
(Address)

A TRUE COPY.

ATTEST: Francis J. Fox
(Registrar of city or town where death occurred)

DATE FILED 6/15/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 11 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from 6/4/42, 19 to 6/11/42, 19
I last saw him alive on 6/11/42, 19, death is said to have occurred on the date stated above, at 5 P.m. Duration

Immediate cause of death carcinoma of stomach with extension to liver and transverse colon over inanition 2 mos 2 wks

Due to inanition
Other conditions (include pregnancy within 3 months of death)
Physician

Major findings: Of operations Date of Underline the cause to which death should be charged statistically.

What test confirmed diagnosis? clinical
20 Was disease or injury in any way related to occupation of deceased?
If so, specify R. P. Sandidge M. D.
(Signed) Boston Date 6/12/19 42
(Address)21 PLACE OF BURIAL, Winthrop Mass
CREMATION OR REMOVAL (Cemetery) (City or Town)
DATE OF BURIAL June 14 1942 1922 NAME OF FUNERAL DIRECTOR C. R. Bennington
ADDRESS WinthropReceived and filed JUL 3 1942 19
(Registrar of City or Town where deceased resided)

WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Copies of returns or deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-739, No. 8427-d per M. O'Malley

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 260 Bowdoin St.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 105

2 FULL NAME Mary A. G. Jones

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 260 Bowdoin St.

(Usual place of abode)

Length of stay: In hospital or institution

(Specify whether)

years months days.

(If nonresident, give city or town and state)

In this community 4 yrs. — mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years — Months — Days 9 If less than 1 day Hours Minutes

Usual Occupation: Teacher

10 Industry or Business: Boston Schools

11 Social Security No. None

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER James A. Jones

14 BIRTHPLACE OF FATHER (City) Florida (State or country)

15 MAIDEN NAME OF MOTHER Ann Callahan

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Clotilde Jones (Address) 260 Bowdoin St. Relation, if any (Sister)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Wm. D. Childress (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/12/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 11, 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1, 1942, to June 11, 1942, last saw him alive on June 11, 1942, death is said to have occurred on the date stated above, at 9:10 P.M.

Immediate cause of death

acute redema lung 2 hrs

Due to Anterior polyp 2 hrs

Due to hypersthesia 2 hrs

Other conditions Hypertension (Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Mahoney, M. D. (Address) Washington Date 6-11-1942

21 St. Joseph's Boston Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL June 12, 1942 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley ADDRESS Winthrop

Received and filed JUN 16 1942 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

No undertaker or other person shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

1 PLACE OF DEATH
 Surflak
 (County)
 Winthrop
 (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. 106

2 FULL NAME Anna Maline (Ronnevig) Knudson
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. 41 Enfield Road St.
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of stay: In hospital or institution Hospital — years — months 5 days. In this community 39 yrs. — mos. — days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow
 5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Ole John Knudson (or) WIFE of (Husband's name in full)
 6 Age of husband or wife if alive years
 7 IF STILLBORN, enter that fact here.
 8 AGE 83 Years 2 Months 13 Days If less than 1 day Hours Minutes
 9 Occupation: Usual Housewife Industry Own Home or Business:
 11 Social Security No. None
 12 BIRTHPLACE (City) (State or country) Norway
 13 NAME OF FATHER Torbjorn Ronnevig
 14 BIRTHPLACE OF FATHER (City) (State or country) Norway
 15 MAIDEN NAME OF MOTHER Unknown
 16 BIRTHPLACE OF MOTHER (City) (State or country) Norway

17 Informant Thomas Knudson (Son) Relation, if any (Address) 41 Enfield Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 Wm. S. Childress
 (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 6/15/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 13 1942
 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 9, 1942, to June 13, 1942

I last saw her alive on June 13, 1942 death is said to have occurred on the date stated above, at 2:30 A.M.

Immediate cause of death Cerebral Hemorrhage Duration 3 years

Due to Arteriosclerosis 3 years

Due to Senility 3 years

Other conditions Diabetes Mellitus 6 mos

(Include pregnancy within 3 months of death)

IMPORTANT

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: none Date of

Of operations: none Date of

Of autopsy: none Date of

What test confirmed diagnosis? Laboratory

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob A. Hays M. D. (Address) 562 Tukey St. Date 6/13/42

21 Winthrop Winthrop Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL June 15 1942

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed June 16 1942 19

(Registrar)

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name, sex, date and place of birth, date and place of death, and the cause of death as defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician,

only, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, its certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., Tercentenary Edition.*

No undertaker or other person shall bury a human body, or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health** physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

[illegible]

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

BOSTON NOTIFIED



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

107

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Baby Girl Ceruolo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 63 Frankfort St. St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single
5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn ✓

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass
(State or country)

13 NAME OF FATHER Luigi Ceruolo

14 BIRTHPLACE OF FATHER (City) E. Boston, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Mickinello
Angelina Nichanella

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

17 Informant Luigi Ceruolo (Father or any other)
(Address) 63 Frankfort St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

W. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/18/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 15 - 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw him alive on 19, death is said to
have occurred on the date stated above, at m.

Immediate cause of death.

Congenital Heart anomaly

Due to

Due to

Other conditions.

(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy Patent ductus arteriosus

What test confirmed diagnosis? Autopsy

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Charles Malone M. D.

(Address) 305 Hane Street Date June 11 1942

21 St. Michael Boston
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June - 19 - 19 42

22 NAME OF FUNERAL DIRECTOR Peter Napiuso

ADDRESS 9 Chelsea Street East Boston.

Received and filed JUN 22 1942 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH Suffolk (County) Dorchester (City or Town)	2 FULL NAME Mary E. Munsey (If deceased is a married, widowed or divorced woman, give also maiden name.)		18 DATE OF DEATH June 17 1942 (Month) (Day) (Year)	
(a) Residence, No. 55 Jackson Ave (Usual place of abode)		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) (If U. S. War Veteran, specify WAR)		
Length of stay: In hospital or institution..... years months days (Specify whether)		In this community 12 yrs. mos. days		
3 SEX Female			5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED	
4 COLOR OR RACE W.			19 I HEREBY CERTIFY That I attended deceased from June 7, 1942, to June 17, 1942. I last saw her alive on June 17, 1942, death is said to have occurred on the date stated above, at 3:10 P.M. Immediate cause of death: Generalized Carcinomatosis 1 yr. Due to Adenocarcinoma of right breast 2 yrs Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Adenocarcinoma of right breast. Date of 1940 Of autopsy What test confirmed diagnosis? Operation	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Montague Munsey (Husband's name in full)			Duration IMPORTANT	
6 Age of husband or wife if alive..... years			20 Was disease or injury in any way related to occupation of deceased? No	
7 IF STILLBORN, enter that fact here.			If so, specify	
8 AGE 56 Years - Months - Days If less than 1 day Hours - Minutes			(Signed) A. C. Farnsworth M. D. (Address) 342 Broadway, Boston Date 6/19/1942	
9 Usual Occupation: At Home			21 Place of Burial, Cremation or Removal DATE OF BURIAL June 20 1942 (City or Town)	
10 Industry or Business:			22 NAME OF FUNERAL DIRECTOR R. J. DeMille ADDRESS Rensselaer	
11 Social Security No.			Received and filed JUN 22 1942 (Registrar)	
12 BIRTHPLACE (City) Boston (State or country) Mass				
13 NAME OF FATHER George Dean				
14 BIRTHPLACE OF FATHER (City) England (State or country)				
15 MAIDEN NAME OF MOTHER Not known				
16 BIRTHPLACE OF MOTHER (City) (State or country)				
17 Informant Elizabeth Flynn (Daughter) (Address) 55 Jackson Ave Dorchester				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) H.D. June 19/42 (Official Designation) (Date of Issue of Permit)				

To be filed for burial permit with Board of Health or its Agent.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

100m (d)-1-41-4667

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 432 Revere Street



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 109

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME James Dick Peebles
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 432 Revere Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years months days. In this community 45 yrs. mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Marjory Cadey
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 10 Months 12 Days | If less than 1 day
Hours _____ Minutes _____

9 Occupation: Usual Carpenter (Retired)

10 Industry or Business: Own Work

11 Social Security No. None

12 BIRTHPLACE (City) Charlotte, Iowa
(State or country) P. E. I. Charlestown

13 NAME OF FATHER George Peebles

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Margaret MacDonald

16 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

17 Informant Mrs. M. F. McLean (Relatives Name)
(Address) 432 Revere St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/19/42
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH JUNE 17, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from
May 1, 1942, to June 16, 1942
I last saw him alive on June 16, 1942, death is said to
have occurred on the date stated above, at 2:55 A.M.

Immediate cause of death Chronic Myocarditis Duration 1940
Generalized Arteriosclerosis

Due to Generalized Arteriosclerosis 1940

Due to _____

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician Underline the cause to which death should be charged statistically.

Of autopsy Date of _____
What test confirmed diagnosis? Circulation

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Harold O. Hyslop M. D.
(Address) 20 Beach St. Boston Date 6-18-1942

21 Place of Burial, Cremation or Removal Winthrop Winthrop
DATE OF BURIAL June 20, 1942

22 NAME OF FUNERAL DIRECTOR Howard S. Pymaldt
ADDRESS Winthrop Mass.

Received and filed JUN 22 1942 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.


Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4067

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	(County) <u>Suffolk</u> (City or Town) <u>Winthrop</u> No. <u>Winthrop Community Hospital</u>	 STANDARD CERTIFICATE OF DEATH		Registered No. <u>110</u>	
2 FULL NAME <u>Elizabeth Conlon</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		SL (If death occurred in a hospital or institution, give its NAME instead of street and number)		PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
(a) Residence. No. <u>280 Shirley St</u> (Usual place of abode)		SL (If nonresident, give city or town and State)			
Length of stay: In hospital or institution <u>Hospital</u> years months <u>11</u> days. (Before death) (Specify whether)		In this community <u>24</u> yrs. mos. days.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <u>Single</u>	18 DATE OF DEATH <u>June 15 1942</u> (Month) (Day) (Year)		
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)			19 HEREBY CERTIFY, That I attended deceased from <u>June 14</u> to <u>June 15</u> , 19 <u>42</u> . I last saw him alive on <u>June 15</u> , 19 <u>42</u> . Death is said to have occurred on the date stated above, at <u>11:05 P.M.</u>		
6 Age of husband or wife if alive years			Duration <u>2 1/2 days</u>		
7 IF STILLBORN, enter that fact here.			Immediate cause of death <u>Uremia</u>		
8 AGE <u>63</u> Years Months Days If less than 1 day Hours Minutes			Due to <u>Pyelonephritis</u>		
9 Usual Occupation: <u>at Home</u>			Due to		
10 Industry or Business: <u>None</u>			Other conditions (Include pregnancy within 3 months of death)		
11 Social Security No. <u>None</u>			Major findings: Of operations		
12 BIRTHPLACE (City) (State or country) <u>Ireland</u>			Of autopsy <u>above</u>		
13 NAME OF FATHER <u>Richard Conlon</u>			What test confirmed diagnosis?		
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Ireland</u>			20 was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Crustoney</u> , M. D. (Address) <u>200 Shirley St</u> , Date <u>June 15</u> , 19 <u>42</u>		
15 MAIDEN NAME OF MOTHER <u>Ann McLean</u>			21 Place of Burial, Cremation or Removal (City or Town) <u>St. Patrick's</u>		
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Ireland</u>			OATE OF BURIAL <u>June 20</u> , 19 <u>42</u>		
17 Informant (Address) <u>280 Shirley St</u> Relation, if any (Specify)			22 NAME OF FUNERAL DIRECTOR <u>John J. Fagan</u>		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>John J. Fagan</u> (Signature of Agent of Board of Health or other)			ADDRESS <u>280 Shirley St</u>		
HO. <u>June 19/42</u> (Official Designation)			Received and filed <u>June 23 1942</u> 19 <u>42</u> (Date of Issue of Permit)		
			(Registrar)		

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

are deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-139. No. 8427-f

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 53111

No. 330 Brookline Ave. St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie Witten
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 117 Shore Drive St. Winthron

(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX fem 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Louis Witten
(Husband's name in full)

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 46 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Isaac Levinson

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant husband Relation, if any (Address)

A TRUE COPY Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 6/23/42 19

18 DATE OF DEATH June 19 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from April 21 1942, to 6/19/42, 19

I last saw h..... alive on....., 19....., death is said to have occurred on the date stated above, at 10/40P. Duration

Immediate cause of death: Addison's disease about 1 tuberculosis of adrenals yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Underline the cause to which death should be charged statistically.

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Roos M. D.

(Address) Boston Date 6/19/19 42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon W. Rox (Cemetery) (City or Town)

DATE OF BURIAL June 21 1942 19

22 NAME OF FUNERAL DIRECTOR B. Schlossberg

ADDRESS Boston

Received and filed JUL 3 1942 19

(Registrar of City or Town where deceased resided)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100m (d)-1-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

112

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 22 Elliot Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Nellie Fillmore Brown
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 22 Elliot St.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 15 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

18 DATE OF DEATH June 20 1942.
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Fred E. Brown
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Sept. 20, 1935, to June 19, 1942.

I last saw her alive on June 19, 1942, death is said to

6 Age of husband or wife if alive 68 years

have occurred on the date stated above, at 6:00 P. M.

7 IF STILLBORN, enter that fact here.

Immediate cause of death

8 AGE 75 Years — Months — Days If less than 1 day
Hours Minutes

Cerebral Hemorrhage

9 Usual Occupation: Housewife

Due to Chronic hypertension

10 Industry or Business: Own Home

Due to

11 Social Security No.

Other conditions
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) Memphis
(State or country) Tennessee

Major findings:

13 NAME OF FATHER Cannot be learned

Of operations

14 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country)

Date of

15 MAIDEN NAME OF MOTHER Cannot be learned

Of autopsy

What test confirmed diagnosis?

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify (Signed) Robert K. Gordon
(Address) 44 Winthrop Date 6/20/42 M. P.

17 Informant Fred E. Brown (Relation, if any)
(Address) 22 Elliot St. Winthrop

21 Place of Burial, Cremation or Removal. Winthrop
(City or Town)

DATE OF BURIAL June 23 1942

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

(Signature of Agent of Board of Health or other)

Received and filed June 24 1942 19

(Official Designation) (Date of Issue of Permit)

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

BOSTON NOTIFIED

JUL 1 1942

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

113

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Baby Boy Grana
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 238 Webster Street
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation:Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Winthrop13 NAME OF
FATHER James Grana14 BIRTHPLACE OF
FATHER (City)
(State or country) Boston15 MAIDEN NAME
OF MOTHER Marion Sullivan16 BIRTHPLACE OF
MOTHER (City)
(State or country) Boston17 James Grana
Informant (Address) 238 Webster St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH June 22, 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
June 22, 1942, to June 22, 1942I last saw him alive on June 22, 1942, death is said to
have occurred on the date stated above, at 1 P. M.

Immediate cause of death

Due to Stillborn

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) J. C. O'Connell M. D.
(Address) 238 Webster St. East Boston Date 6/24/4221 St. Michael's Boston
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL June - 27 - 1942

22 NAME OF
FUNERAL DIRECTOR J. C. O'Connell
ADDRESS 9 Chelsea Street East Boston

Received and filed June 26 1942

(Registrar)

Exact statement of OCCUPATION is very important. See instructions and terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and terms, so that it may be properly classified.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5477

PLACE OF DEATH

(County)

Boston

(City or Town)

No. Mass Eye & Ear Infirmary St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Douglas T Craig

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(U. S. War Veteran, specify WAR)

(a) Residence. No. 125 Cliff Ave St. Winthrop

(Usual place of abode)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years Months Days If less than 1 day Hours Minutes

9 Occupation: bookkeeper

10 Industry or Business: retired

11 Social Security No. -

12 BIRTHPLACE (City) Scotland (State or country)

13 NAME OF FATHER William Craig

14 BIRTHPLACE OF FATHER (City) Scotland (State or country)

15 MAIDEN NAME OF MOTHER Frances Taylor

16 BIRTHPLACE OF MOTHER (City) England (State or country)

17 Informant. Welfare Dept. (Address) Winthrop Relation, if any

A TRUE COPY.

ATTEST: Francis J. Fay (Registrar of city or town where death occurred)

DATE FILED 6/29/42 19

18 DATE OF DEATH June 24 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 6/13/42, 19, to 6/24/42, 19.

I last saw him alive on 6/24/42, 19, death is said to have occurred on the date stated above, at 11/40P. Duration

Immediate cause of death. acute congestive cardiac failure 2 dys

Due to carcinoma of larynx 4-5 mos

Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to accumulation of deceased?

If so, specify. A W Gainsbury (Signed) 243 Charles St Boston, M. D. (Address) Date 6/25/19 42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (City or Town)

DATE OF BURIAL June 27 1942 19

22 NAME OF FUNERAL DIRECTOR C B Bennison ADDRESS Winthrop

Received and filed 19

JUL 3 1942 (Registrar of City or Town where deceased resided)

of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 17, G. L.)

50m-10-139, No. 8427-f

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4007

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **115**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



2 FULL NAME **Robert V. Skillings**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
68 Washington Ave

(a) Residence, No. **68 Washington Ave** St. **10**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution **2** years - months **2** days. In this community **12** yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Single**

5a If married, widowed, or divorced
HUSBAND of **(Give maiden name of wife in full)**
(or) WIFE of **(Husband's name in full)**

6 Age of husband or wife if alive **18** years

7 IF STILLBORN, enter that fact here.

8 **18** **5** **18**
AGE **17** Years Months Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: **Scholar**

Industry
10 or Business: **High school**

11 Social Security No. **026-16-0666**

12 BIRTHPLACE (City) **Worcester**
(State or country) **Mass.**

13 NAME OF
FATHER **Vernon Skillings**

14 BIRTHPLACE OF
FATHER (City) **Oakland**
(State or country) **Me.**

15 MAIDEN NAME
OF MOTHER **Ruth Hoyt**

16 BIRTHPLACE OF
MOTHER (City) **Ansonia**
(State or country) **Conn.**

17 Informant **Vernon Skillings** (Relation, if any)
(Address) **68 Washington Ave., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent **June 27/42**
(Official Designation) (Date of Issue of Permit)

18 DATE OF
DEATH **June 25, 1942**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 24, 1942 19 to **June 25, 1942** 19

I last saw him alive on **June 24, 1942** 19, death is said to
have occurred on the date stated above, at **9:00 A.m.** Duration

Immediate cause of death
Chr. Myelogenous Leukemia IMPORTANT

Due to

Due to

Other conditions **Albuminuria**
(Include pregnancy within 3 months of death)

Major findings: **Tonsillectomy; Chronic** Physician
Of operations **Tonsillitis** Underline
the cause to
which death
should be
charged sta-
tistically.

Date of **June 24 '42**

Of autopsy

What test confirmed diagnosis? **Blood smear**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **William D. Childress** M. D.
(Address) **28 Washington Ave., Winthrop** Date **June 26, 1942**

21 **Winthrop** **Winthrop**

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **June 28, 1942** 19

22 NAME OF
FUNERAL DIRECTOR **Richard D. White**

ADDRESS **147 Winthrop St., Winthrop**

Received and filed **JUN 30 1942** 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same....—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N.B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. See reverse side for affidavit.

20m-(a)-6-40-3181

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Robert V. Skillings

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

68 Washington Ave. St.,

Ward,

(Usual place of abode)

(If nonresident give city or town and state)

Length of stay: In hospital or institution

Hospital

(Specify whether)

- years - months 2 days.

In this community 12 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE 17 Years 5 Months 18 Days

If less than 1 day

Hours

Minutes

9 Occupation:

Scholar

10 Industry or Business:

High School

11 Social Security No.

026-16-0666

12 BIRTHPLACE (City)
(State or country)Worcester
Mass.13 NAME OF
FATHER

Vernon Skillings

14 BIRTHPLACE OF
FATHER (City)
(State or country)Oakland
Me.15 MAIDEN NAME
OF MOTHER

Ruth Hoyt

16 BIRTHPLACE OF
MOTHER (City)
(State or country)Ansonia
Conn.

17

Informant
(Address)

Vernon Skillings

Relation, if any

68 Washington Ave., (Father)
Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress

(Signature of Agent of Board of Health or other)

Agent

June 27, 1942

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSAFFIDAVIT AND CORRECTION
OF A RECORD OF DEATH

WINTHROP

(City or town making return)

Registered No. 115

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June

25

1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 24, 1942, to June 25, 1942I last saw him alive on June 24, 1942, death is said
to have occurred on the date stated above, at 9:00 a.m.

Duration

Immediate cause of death

Chr. Myelogenous Leu-
kemia

?

Due to

Due to

Other conditions Albuminuria
(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations Tonsillectomy: Chronic
Tonsillitis Date of 6/24/42

Of autopsy

What test confirmed diagnosis? Blood smear

Underline
the cause to
which death
should be
charged sta-
tistically.20 Was disease or injury in any way related to occupation of deceased?
No.

If so, specify

(Signed) Ora H. Wagman

M. D.

(Address) 28 Washington Ave., Winthrop, Mass. Date 6/26 1942

21 Winthrop Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL June 28, 1942

22 NAME OF

FUNERAL DIRECTOR Richard H. White

ADDRESS 147 Winthrop St.

Received and filed

June 30, 1942 Winthrop

A TRUE COPY ATTEST:

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Suffolk } ss.:

The undersigned, being duly sworn, depose s and say s that the record relating to the death of Robert V. Skillings in the Town of Winthrop,
(Give name of decedent exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said death, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the
(Him or her)
form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to decedent, if any
<u>Ruth H. Skillings</u>	<u>68 Washington Ave</u> <u>Winthrop</u>	<u>mother</u>

FURTHER, The written evidence submitted to substantiate the affidavit was:
Birth certificate of deceased. Date of birth, Jan. 7, 1925.

Date, July 20, 1942


Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by her are true.

Name Edith C. Petrucci
Official designation Ass't Town Clerk
(City or town clerk or assistant clerk)

MARGIN RESERVED FOR BINDING

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

10M-A-1-42-8511

PLACE OF DEATH		BOSTON NOTIFIED		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	Winthrop (City or Town)			STANDARD CERTIFICATE OF DEATH		Registered No. 116	
No. Winthrop Community Hospital St.						{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME. Salraggio						{ (If U. S. War Veteran, specify WAR)	
(If deceased is a married, widowed or divorced woman, give also maiden name.)							
(a) Residence. No. 137 Saratoga St.						East Boston Mass.	
(Usual place of abode)						(If nonresident, give city or town and state)	
Length of stay: In hospital or institution Hospital						In this community yrs. mos. days.	
(Specify whether)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX	4 COLOR OR RACE	5 SINGLE	(write the word)			18 DATE OF	
Male	White	MARRIED				DEATH	
		WIDOWED				(Month)	(Day)
		or DIVORCED					(Year)
5a If married, widowed, or divorced				19 I HEREBY CERTIFY. That I attended deceased from			
HUSBAND of.				June 26, 1942, to June 26, 1942			
(Give maiden name of wife in full)				Last seen alive on June 26, 1942, death is said to			
(or) WIFE of.				have occurred on the date stated above, at 5 P.m.			
(Husband's name in full)				Immediate cause of death.			
6 Age of husband or wife if alive.				Spinal Cord			
7 IF STILLBORN, enter that fact here. Stillborn				Due to High force delivery			
8 AGE. Years Months Days If less than 1 day				Due to trauma in utero			
Usual				Other conditions.			
9 Occupation:				(Include pregnancy within 3 months of death)			
Industry				Major findings:			
10 or Business:				Of operations.			
11 Social Security No.				Date of.			
12 BIRTHPLACE (City)				Of autopsy.			
(State or country)				What test confirmed diagnosis?			
13 NAME OF FATHER Paul Salraggio				20 Was disease or injury in any way related to occupation of deceased?			
14 BIRTHPLACE OF FATHER (City)				If so, specify			
(State or country)				(Signed) Henry H. Schwartz M. D.			
15 MAIDEN NAME OF MOTHER Eleanor Argentina				(Address) 15 Charles St. Date 6/27/42			
16 BIRTHPLACE OF MOTHER (City)				21 St. Michaels Boston			
(State or country)				Place of Burial, Cremation or Removal (City or Town)			
17 Paul Salraggio (Father)				DATE OF BURIAL July 1, 1942			
Informant (Address) 137 Saratoga St. E. Boston				22 NAME OF FUNERAL DIRECTOR Philip J. Maguire			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:				ADDRESS 64 Meridian St. E. Boston			
Wm. D. L. Clark				Received and filed 19			
(Signature of Agent of Board of Health or other)				(Registrar)			
Health Officer 7/1/42							
(Official Designation)							
(Date of Issue of Permit)							



N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

M R-303A

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Fort Banks Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
Registered No. 117

2 FULL NAME James F. Calhoun
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. Chloride New Mexico St.
(Usual place of abode)
Length of stay: In hospital or institution. 2 years 1 months 1 days.
(Specify whether)

{ (If death occurred in a hospital or Institution,
give its NAME instead of street and number)
{ (If U. S.
War Veteran,
specify WAR)
(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX male	4 COLOR OR RACE white	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single	
5a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full) (or) WIFE of..... (Husband's name in full)			
6 Age of husband or wife if alive..... years			
7 IF STILLBORN, enter that fact here.			
8 AGE 35 Years — Months — Days If less than 1 day Hours — Minutes			
9 Occupation: private			
10 Industry or Business: U.S. Army			
11 Social Security No. —			
12 BIRTHPLACE (City)..... (State or country) New Mexico			
PARENTS	13 NAME OF FATHER unknown		
	14 BIRTHPLACE OF FATHER (City)..... (State or country) unknown		
	15 MAIDEN NAME OF MOTHER Edith J. (unknown)		
	16 BIRTHPLACE OF MOTHER (City)..... (State or country) unknown		
17 Fort Bank Hospital Relation, if any Informant. () (Address) Winthrop Mass			

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH June - 29 - 1942 (Month) (Day) (Year)	19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) fractured skull laceration of brain cause unknown
20 Accident, suicide, or homicide (specify) Date of occurrence June 27 - 1942 19	Where did injury occur? Boston Mass (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? street (Specify type of place)	
Manner of Injury Nature of Injury While at work?	Said to have fallen on street at Boston 27-1942 Was there an autopsy? yes
21 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. (Address) Boston Mass	22 Chloride New Mexico Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL June 30 1942
23 NAME OF FUNERAL DIRECTOR ADDRESS 254 Beach St. Revue	
Received and filed..... 19 JUL 30 1942 (Registrar)	

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
6/30/42 (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

DESCRIPTION (for unknown person).....

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON
(City or town making return)
Registered No. 5584

PLACE OF DEATH
1

No. Beth Israel Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David Gadon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 79 Locust Winthrop Mass

Length of stay: In hospital or institution. years months days.
(Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed

6a If married, widowed, or divorced HUSBAND of Fanny S. Greenberg
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years Months Days
If less than 1 day Hours Minutes

9 Usual Occupation: Hebrew teacher

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Morris I Gadon

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER --

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Sydney Gadon (Address) (Relation, if any) son

A TRUE COPY

ATTEST: Francis J. Gay
(Registrar of City or town where death occurred)

DATE FILED 7/2/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 30 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 6/29/42, 19, to 6/30/42, 19.

I last saw him alive on 6/30/42, 19, death is said to have occurred on the date stated above, at 3 A.m.

Immediate cause of death septic & mesenteric thrombosis
vascular collapse 1/2 dy
1-2 dys

Due to

Due to

Other conditions heart dis. (rheumatic & hypertensive)
(Include pregnancy within 3 months of death)

Major findings: 20 yrs
Of operations Underline the cause to which death should be charged statistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S M Levenson M. D.

(Address) Boston Date 6/30/19 42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Israel N Reading
(Cemetery) (City or Town)

DATE OF BURIAL June 30 1942 19

22 NAME OF FUNERAL DIRECTOR M Schwartz

ADDRESS Malden

Received and Filed JUL 3 1942 19

(Registrar of City or Town where deceased resided)



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39, No. 8427-g

PLACE OF DEATH

Suffolk
(County)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

REVERE 119
(City or town making return)

Revere
(City or Town)
No. Belle Isle Creek

Registered No. 174

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Carmine Brenna

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 14 Bank

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and state)

Length of stay: In hospital or institution. None

(Specify whether)

years

months

days

In this community yrs. mos. 1 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word)
WIDOWED Married
or DIVORCED

5c If married, widowed, or divorced
HUSBAND of Filomena Sabia
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive. 44 years

7 IF STILLBORN, enter that fact here.

8 AGE 46 Years -- Months --- Days If less than 1 day
Hours Minutes

Usual
9 Occupation: Restaurant Owner

Industry
10 or Business: For Himself

11 Social Security No. None

12 BIRTHPLACE (City)
(State or country) Italy

13 NAME OF
FATHER Arcangelo Brenna

14 BIRTHPLACE OF
FATHER (City)
(State or country) Italy

15 MAIDEN NAME
OF MOTHER (Cannot be Learned)

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Italy

17 Informant Filomena Brenna Relation if any wife
(Address) 14 Banks St., REVERE, Winthrop

A TRUE COPY.

ATTEST:

DATE FILED

June 15,

1942

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH June 7, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
Drowning, Matter not known
Old Cerebral Hemorrhages.

20 Accident, suicide, or homicide (specify).....
Date of occurrence. June 7, 1942
Where did
injury occur? Revere
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in
public place?

(Specify type of place)
Manner of Injury Found dead in Belle Isle
Nature of injury Creek on June 7, 1942

While at work? No Was there an autopsy? Yes

21 Was disease or injury in any way related to occupation of deceased? ..
If so, specify
(Signed) Wm. J. Brickley M. D.
(Address) Boston, Mass. Date 6/8/1942

22 St. Michael, Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 11, 1942

23 NAME OF FUNERAL DIRECTOR Joseph A. Langone, Jr.
ADDRESS 190 North St., Boston, Mass.

Received and filed JUL 14 1942 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

120

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Clara J. Paine

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

125 Cliff Ave.

Winthrop

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

years 7 months 26 days

(Specify whether)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

female

white

MARRIED
WIDOWED
or DIVORCED

single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8

AGE

75

years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation

Ret. Prop. Dry Goods Store

Industry

10 or Business:

11 Social Security No.

cannot be learned

12 BIRTHPLACE (City)

(State or country)

Winthrop

13 NAME OF
FATHER

Benjamin Paine

14 BIRTHPLACE OF
FATHER (City)

Meredith

(State or country)

N.H.

15 MAIDEN NAME
OF MOTHER

Mary Tewksbury

16 BIRTHPLACE OF
MOTHER (City)

Winthrop

(State or country)

PARENTS

17

Informant
(Address)

M.K. McPhillips

(Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

6/20/42

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June 18, 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct. 23, 1941, to June 18, 1942.I last saw him alive on June 18, 1942, said to
have occurred on the date stated above, at 1:30 A.M.

Duration

Immediate cause of death

Generalized arteriosclerosis 4 yrs

Chronic myocarditis 1 yr

Terminal Bronchopneumonia 7 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

clinical

20 Was disease or injury in any way related to occupation of deceased? NO.

If so, specify

Myer Asekoff

(Signed)

DSH

(Address)

Date 6/19/42

21 PLACE OF BURIAL Winthrop Winthrop

CREMATION OR REMOVAL

(Cemetery) 6/20/42 (City or Town)

DATE OF BURIAL

19

22 NAME OF
FUNERAL DIRECTOR

Charles R. Bennison

ADDRESS

Winthrop

Received and filed

6/20/42

19

(Registrar of City or Town where deceased resided)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 62 Chester Ave.		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 121	
1		2 FULL NAME Marvin Ross Moran (If deceased is a married, widowed or divorced woman, give also maiden name.)									
		(a) Residence, No. 62 Chester Ave. St. _____ (Usual place of abode) (If nonresident, give city or town and State)									
		Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 33 yrs. _____ mos. _____ days. (Before death) (Specify whether)									
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED							
Male		White		Married							
5a If married, widowed, or divorced		HUSBAND of Marion Lane (Give maiden name of wife in full)									
(or) WIFE of		(Husband's name in full)									
6 Age of husband or wife if alive		35 years									
7 IF STILLBORN, enter that fact here.											
8 AGE		64 Years 8 Months 28 Days If less than 1 day Hours _____ Minutes _____									
9 Usual Occupation:		Production Manager									
10 Industry or Business:		Coffee									
11 Social Security No.		010-97-4793									
12 BIRTHPLACE (City)		Derby Line (State or country) Vermont									
13 NAME OF FATHER		Marvin Moran									
14 BIRTHPLACE OF FATHER (City)		Derby (State or country) Vermont									
15 MAIDEN NAME OF MOTHER		Mae Spear									
16 BIRTHPLACE OF MOTHER (City)		Windsor (State or country) Vermont									
17 Informant (Address)		Marion Moran (Relation if any) Wife 62 Chester Ave. Winthrop									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. S. Childs (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 7/4/42 (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH		July 2 1942 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from _____ 19_____, to _____ 19_____, I last saw him _____ alive on _____, 19_____, death is said to have occurred on the date stated above, at _____ 2 P. m. _____ Immediate cause of death _____ Natural causes Probable coronary occlusion Due to _____ Due to _____ Other conditions _____ (Include pregnancy within 3 months of death) Major findings: Of operations _____ Of autopsy _____ What test confirmed diagnosis? _____ Duration IMPORTANT Physician _____ Underline the cause to which death should be charged statistically.											
20 Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) Howard S. Reynolds M. D. (Address) Winthrop Board of Health Date 7/3 1942											
21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL July 5 1942											
22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds ADDRESS Winthrop Received and filed _____ 19_____ (Registrar)											

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

PARENTS

1 PLACE OF DEATH
(County)
(City or Town)
No.

2 FULL NAME

(a) Residence. No.
(Usual place of abode)
Length of stay: In hospital or

PERSONAL AND

3 SEX 4 COLOR OR

5a If married, widowed, or divorced
HUSBAND of (Give)
(or) WIFE of (Husband)

6 Age of husband or wife if alive
7 IF STILLBORN, enter that fact

8 AGE.....Years.....Months

Usual Occupation:
Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant (Address)

I HEREBY CERTIFY that a statement has been filed with me BEFORE the burial.

(Signature of Agent)

(Official Designation)

Form H—Death

COPY OF THE RECORD OF A DEATH

Returned to the clerk of Winthrop
as is provided in Section 70 of Chapter 1, Public Laws of 1933.

Full name Harry Michael Hovgaard

Place of death Kittery
(If outside city or town limits, write RURAL)

Name of hospital or institution 75 Wyman Ave.
(If not in hospital or institution write street No. or location)

Length of stay: In hospital or institution
In this community 1 day

Usual residence of deceased: State Mass.
County Suffolk

City or Town Winthrop

Street No. 42 Pleasant Park Rd.

If veteran, name war

Social Security No. 002-01-9992

Sex M Color W Married, Single,
Widowed or Divorced Single

Name of husband or wife

Age of husband or wife, if alive 0

Birth date of deceased: Year 189 Month - Day -

Age: Years 52 Months - Days - If less than
one day hr. minutes

Birthplace Cambridge, Mass.
(City, town or county) (State or foreign country)

Usual occupation Architect

Industry or business Building

Father: Name Peter Hovgaard
Occupation
Birthplace Denmark
(City, town or county) (State or foreign country)

Mother: Maiden name Magda Natalie Mich-
aek
Birthplace Norway
(City, town or county) (State or foreign country)

Name of informant Magda N. Hovgaard

Date of death: Month July Day 4 Year 1942

Immediate cause of death Cerebral Hemorrhage
Duration 25 min.

Due to Arterio Sclerosis

122

(City or town making return)

Registered No. 122

death occurred in a hospital or institution,
its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

(If nonresident, give city or town and state)
In this community yrs. mos. days.

CERTIFICATE OF DEATH

(Day) (Year)

CERTIFY, That I attended deceased from
19....., to....., 19.....
....., 19....., death is said
to have occurred at.....m.
Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

Date of.....

months of death)

nd to occupation of deceased ?

M. D.
Date.....19.....

or Removal. (City or Town) 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

State of Maine

1. PLACE OF DEATH:

(a) County York
(b) City or town Fittery
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _____

(d) Length of stay: In hospital or institution

In this community

1 day

(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass (b) County Suffolk
(c) City or town Wintthrop
(If outside city or town limits, write RURAL)
(d) Street No. 42 Pleasant Park Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) FULL NAME

Harry Michael Hovgaard

MEDICAL CERTIFICATION

Date of death: Month July day 4

3. (b) If veteran,

name war _____

3. (c) Social Security

No. 002-01-9992year 1942 hour _____ minute _____

I hereby certify that I attended the deceased from _____

4. Sex

m

5. Color or

race m

6. (a) Single, widowed, married,

divorced ✓

that I last saw h. _____ alive on _____, 19____:

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if

alive _____ years

and that death occurred on the date and hour stated above.

Duration

7. Birth date of deceased

(Month)

(Day)

(Year)

1890

Immediate cause of death

Cerebral hemorrhage.

8. AGE:

Years

Months

Days

If less than one day

52

hr.

min.

Due to

Arteriosclerosis.

9. Birthplace

Cambridge, Mass.

(City, town, or county)

(State or foreign country)

Due to _____

10. Usual occupation

architect

11. Industry or business

Building

Other conditions

(Include pregnancy within 3 months of death)

12. Name

Peter Hovgaard

13. Birthplace

Denmark

(City, town, or county)

(State or foreign country)

Major findings:

14. Maiden name

Magda Natalie Michael

Of operations _____

15. Birthplace

Norway

(City, town, or county)

(State or foreign country)

Of autopsy _____

16. (a) Informant's own signature

Magda N. Hovgaard

(b) Address _____

17. (a) Burial(Burial, cremation, or removal) ☒(b) Date thereof July 7 1942

(Month)

(Day)

(Year)

(c) Place; burial or cremation

Wintthrop, Mass.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town)

(County)

(State)

18. (a) Signature of funeral director

Charles T. Bennett

(d) Did injury occur in or about home, on farm, in industrial place, in public

(b) Address

Wintthrop, Mass.

place? _____

(Specify type of place)

19. (a) 7/6/42

(Date received local registrar)

Burnell C. Frisbee

(Registrar's signature)

While at work? _____

(c) Means of injury

23. Signature E. E. Shapleigh (M. D. or other) M.D.Address Fittery, York Date signed _____



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Lexington

(City or town making return)

PLACE OF DEATH

Middlesex

(County)

Lexington

Medical & Surgical Building - 2
No. Metropolitan State Hospital



COPY OF
CERTIFICATE OF DEATH

Registered No.

123

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Phyllis Corinha
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. Corinha Beach Winthrop, Mass. St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution Metropolitan
(Before death) (Specify whether) 0 years 0 months 1 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 23 Years 8 Months 4 Days If less than 1 day Hours Minutes

Usual Occupation: None

Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Joseph Corinha

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Philomena Perry

16 BIRTHPLACE OF MOTHER (City) Cannot learn
(State or country) Portugal

17 Informant (Address) Walter E. Fernald State School (records)
Waverley, Massachusetts

A TRUE COPY.

ATTEST: James J. Carroll
(Registrar of city or town where death occurred)
July 11, 1942

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 5, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 4, 1942, to July 5, 1942
I last saw her alive on July 5, 1942 death is said to have occurred on the date stated above, at 2:35 p.m. Duration

Immediate cause of death. Mesenteric Thrombosis and Intestinal Obstruction July 3/42
Due to Volvulus July 3/42

Due to

Other conditions (Include pregnancy within 3 months of death) Physician

Major findings: Same as above Date of July 4/42 Underline the cause to which death should be charged statistically.

Of autopsy. Same as above

What test confirmed diagnosis? Clinico-pathological No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Richard C. Cooke
(Signed) Metropolitan State Hospital
(Address) Waltham, Mass. Date July 5 42

21 PLACE OF BURIAL, Winthrop, Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town) July 7, 1942

DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR Kirbey Bros.
ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed JUL 13 1942 19

(Registrar of City or Town where deceased resided)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 124

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 114 Winthrop Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Augustus Lorimer Hodgkins
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 114 Winthrop Street St. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 20 yrs. — mos. — days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed or divorced
HUSBAND of Lettie (Williams)
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive 79 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 6 Months 7 Days | If less than 1 day
Hours _____ Minutes _____

9 Occupation: Sea Captain (Retired)

Industry U S Government

11 Social Security No. None

12 BIRTHPLACE (City) Ellsworth
(State or country) Maine

13 NAME OF FATHER William W Hodgkins

14 BIRTHPLACE OF FATHER (City) Ellsworth
(State or country) Maine

15 MAIDEN NAME OF MOTHER Charlotte Bonsey

16 BIRTHPLACE OF MOTHER (City) Ellsworth
(State or country) Maine

17 Informant Lettie Hodgkins (Wife, if any)
(Address) 114 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other
Health Officer) 7/14/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 11 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 11, 1942 to July 11, 1942
last saw him alive on July 11, 1942 death is said to
have occurred on the date stated above, at 10:20 P.M.

Immediate cause of death

myocarditis Duration IMPORTANT

Due to arteriosclerosis

Due to cholesterol

Other conditions cholesterol

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. S. Childress M. D.
(Address) Winthrop Date 7-13-1942

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL July 15 1942

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed 1942

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts

BROOKLINE

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 368125

1 { PLACE OF DEATH
NORFOLK
(County)
BROOKLINE
(City or Town)
No. 23 SUMNER ROAD



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME ANNE E. THIDEMANN (Ossaw)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 81 SOMERSET AVENUE St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution. Conv. Home years months 5 days. In this community 48 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)
Female White MARRIED Widowed
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Harold M. Thidemann
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 21 Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Housewife

Industry
10 or Business: At home

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Norway

13 NAME OF
FATHER ----- (Ossaw)

14 BIRTHPLACE OF
FATHER (City)
(State or country) Norway

15 MAIDEN NAME
OF MOTHER -----

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Norway

17 Informant William Thidemann (Son, if any)
(Address) 106 Hamilton St. Cambridge

A TRUE COPY. Arthur J. Shenners
ATTEST: (Registrar of city or town where death occurred)

DATE FILED July 13, 19 42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 12 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
July 6, 19 42, to July 11, 19 42
I last saw her alive on July 11, 19 42, death is said to
have occurred on the date stated above, at 7:40 A.m.

Immediate cause of death Apoplexy Duration 6 dys.

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of Underline
Of autopsy the cause to
which death
should be
charged stati-
cally.

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. A. Nelson M. D.
(Address) 27 Clinton St. Camb. Date 7/12 19 42

21 PLACE OF BURIAL, Cambridge, Cambridge
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL July 14, 19 42

22 NAME OF FUNERAL DIRECTOR Christian J. Berglund
ADDRESS Arlington

Received and filed July 13, 19 42

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-139. No. 8427-d

PLACE OF DEATH

Surroik

(County)

Winthrop

(City or Town)

No. Community Hospital

(Campbell)

2 FULL NAME. BARBARA C. Belcher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 301 Winthrop

(Usual place of abode)

Length of stay: In hospital or institution 70 days

(Specify whether)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 126

(If U. S. War Veteran, specify WAR)

St. Winthrop, Mass.

(If nonresident, give city or town and state)

In this community 39 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Frank N Belcher

(Husband's name in full)

6 Age of husband or wife if alive. 77 years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years 6 Months 11 Days If less than 1 day Hours Minutes

9 Occupation: Usual Housewife

10 or Business: Industry Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Cape Britton Breton (State or country)

13 NAME OF FATHER ? Campbell

14 BIRTHPLACE OF FATHER (City) Cape Britton Breton (State or country)

15 MAIDEN NAME OF MOTHER Unable to Obtain

16 BIRTHPLACE OF MOTHER (City) Cape Britton Breton (State or country)

17 Informant Frank N Belcher (Address) 301 Winthrop St Winthrop (Relation, if any) Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Wm. D. Chiles Health Officer (Official Designation) (Date of Issue of Permit) 7/20/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 19, 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1941, to July 19, 1942

I last saw him alive on July 18, 1942, death is said to have occurred on the date stated above, at 5:40 P. M.

Immediate cause of death. Carcinoma of Thyroid

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis F. Salerno M. D. (Address) 175 Pleasant St Date July 19, 1942

21 Place of Burial, Cremation or Removal Winthrop Winthrop DATE OF BURIAL 1942

22 NAME OF FUNERAL DIRECTOR Edward S. Reynolds ADDRESS Winthrop Mass.

Received and filed JUL 21 1942 19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion; but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

REVERSE NOTIFIED AUG 10 1942

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 127

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hosp. St.



(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Aleck Gverdinsky
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) no

(a) Residence. No.

208 Walnut Ave. St.

Revere Mass.

length of stay: In hospital or institution

Hospital

— years — months 11 days.

(If nonresident, give city or town and state) In this community — yrs. — mos. 11 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) <u>Soldie Cohen</u>		
(or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here.		
8 AGE 64 Years — Months — Days	If less than 1 day Hours Minutes	
9 Usual Occupation: Painter	Industry or Business: Own Business	
11 Social Security No.		
12 BIRTHPLACE (City) (State or country) Russia		
13 NAME OF FATHER Hattie Gverdinsky		
14 BIRTHPLACE OF FATHER (City) (State or country) Russia		
15 MAIDEN NAME OF MOTHER unable to learn		
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia		

17 Informant (Address) Bez. L. Barron 208 Walnut Ave Revere Relation, if any son-in-law

1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent
(Official Designation)

July 21/42
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 21 1942 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from July 11, 1942, to July 21, 1942. I last saw him alive on July 21, 1942, death is said to have occurred on the date stated above, at 2:20 P.m. Immediate cause of death adenocarcinoma of transverse colon. Duration 1 day
Due to Broncho pneumonia	Due to
Other conditions (Include pregnancy within 3 months of death)	PHYSICIAN Underline the cause to which death should be charged statistically.
Major findings: Of operations adenocarcinoma of transverse colon Date of 7/18/42	Of autopsy operation
What test confirmed diagnosis?	operation

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank J. Sandler M. D.
(Address) 56 Shing Ave. Revere Mass. Date 7/21/42

21 Chelsea Cent. Montvale
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 22 1942

22 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 Howard St. Brookline

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-739, No. 8427-d

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 128

PLACE OF DEATH

No. 83 Summerville Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas A. Mulloney (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 83 Summerville Ave St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution at home years months days. In this community 35 yrs. - mos. - days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed or divorced HUSBAND of Margaret A. Schaefer (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 6 Months 6 Days If less than 1 day Hours Minutes

9 Occupation: Retired

10 Industry or Business: Manager Plumbing

11 Social Security No.

12 BIRTHPLACE (City) Boston, Mass. (State or country)

13 NAME OF FATHER Frank A. Mulloney

14 BIRTHPLACE OF FATHER (City) Roscommon, Ireland (State or country)

15 MAIDEN NAME OF MOTHER Mary Donohue

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Frederic A. Mulloney, Son (Address) 83 Summerville Ave. Waltham, Mass.

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Paulding, Health Officer (Signature of Agent of Board of Health or other)

7/23/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 21 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 19, 1941, to July 21, 1942

I last saw him alive on July 21, 1942 death is said to have occurred on the date stated above, at 10 P. M.

Immediate cause of death Acute Coronal Thrombosis

Due to Angina Pectoris

Due to Atherosclerosis

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: Of operations. Date of

Of autopsy. What test confirmed diagnosis? Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob Abrams, M. D. (Address) 322 W. 42nd St. New York 1, N. Y. Date July 21, 1942

21 Place of Burial, Cremation or Removal. DATE OF BURIAL July 24, 1942 (City or Town)

22 NAME OF FUNERAL DIRECTOR John J. Lyman

ADDRESS 57 Main St. Medford, Mass.

Received and filed. L. 2. 1942

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the place where he died, the date of his death, the date he contracted the disease, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), but also by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of occupation.—Prize statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

AUG 10 1942

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

PLACE OF DEATH
1 { Suffolk
(County)
Winthrop
(City or Town)



Registered No. 129

No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Alexander
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 99 Falcon St. East Boston
(Usual place of abode)

Length of stay: In hospital or institution Hospital - years - months 18 days. In this community 60 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Widower	(write the word)
5a If married, widowed or divorced HUSBAND of Elizabeth Elliot (Give maiden name of wife in full)			
(or) WIFE of (Husband's name in full)			
6 Age of husband or wife if alive years			
7 IF STILLBORN, enter that fact here.			
8 AGE 74 Years 10 Months 14 Days If less than 1 day Hours Minutes			
Usual Occupation: Starter			
Industry or Business: Boston Elevated R.R.Co.			
11 Social Security No.			
12 BIRTHPLACE (City) Belfast (State or country) Ireland			
13 NAME OF FATHER John Alexander			
14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Ireland			
15 MAIDEN NAME OF MOTHER Margaret McGowan			
16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Ireland			

17 Informant Mrs. Ina McBournie (daughter) (Address) 99 Falcon St., E. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent or Board of Health or other)
July 25/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 23 1942 (Month) (Day) (Year)	19 I HEREBY CERTIFY That I attended deceased from July 15 1942 to July 23 1942 I last saw him alive on July 23 1942, death is said to have occurred on the date stated above, at 4:30 A.M. Immediate cause of death: Broncho-Pneumonia Due to Cardiac Decompensation Other conditions Major findings: Cholelithiasis Of operations Of autopsy What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) George H. Schwartz M. D. (Address) 19 Brewster St. #13 Date 7/23 1942 21 Woodlawn Everett Place of Burial, Cremation or Removal, (City or Town) DATE OF BURIAL July 26 1942 22 NAME OF FUNERAL DIRECTOR P. E. Parker ADDRESS 300 Meridian St., E. Boston Received and filed 19 A TRUE COPY ATTEST: (Registrar)
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EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-7'39, No. 8427-d

Wentworth
(City or town making return)

130

Registered No. 1615

Suffolk.
(County)

Wentworth Hospital
(City or Town)

Am. Con. No. 1000

Lincoln St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby James Leroy Lewis Jr.
(If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. 50 Range Ave., Lynn, Mass.
(Usual place of abode)

length of stay: In hospital or institution hospital - years - months / days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) <u>single</u>
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)		
(or) WIFE of _____ (Husband's name in full)		
6 Age of husband or wife if alive _____ years		
7 IF STILLBORN, enter that fact here. <input checked="" type="checkbox"/>		
8 AGE _____ Years _____ Months _____ Days <input checked="" type="checkbox"/> Hours _____ Minutes _____ Usual Occupation: _____ Industry _____ 10 or Business: _____		
11 Social Security No. _____		
12 BIRTHPLACE (City) <u>Wentworth</u> (State or country) <u>Mass.</u>		
13 NAME OF FATHER <u>James Leroy Lewis</u>		
14 BIRTHPLACE OF FATHER (City) <u>Lynn</u> (State or country) <u>Mass.</u>		
15 MAIDEN NAME OF MOTHER <u>Dorothy Paulman</u>		
16 BIRTHPLACE OF MOTHER (City) <u>Woburn</u> (State or country) <u>Mass.</u>		
17 Informant (Address) <u>James S. Lewis Father</u> <u>50 Range Ave. Lynn</u> Relation, if any _____		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>John S. Childress</u> (Signature of Agent of Board of Health or other)		

18 DATE OF DEATH July 24 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 23 1942 to July 24 1942
I last saw him alive on July 24 1942, death is said to have occurred on the date stated above, at 6:52 P. m.

Immediate cause of death. Cerebral hemorrhage

Due to Premature Birth

Due to Placenta Previa

Other conditions Premature separation of placenta
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) John F. Collins M. D.
(Address) Lynn Mass Date July 24 1942

21 Stone Grove
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 25 1942

22 NAME OF FUNERAL DIRECTOR James M. Blair
ADDRESS Lynn Mass.

Received and filed _____ **19** _____

A TRUE COPY ATTEST: _____
(Registrar)

July 28 1942
(Official Designation) (Date of Issue of Permit)

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 121

PLACE OF DEATH

Winthrop
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jeannette M. Dorgan (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) None

(a) Residence. No. 289 Pleasant St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years — months — days. In this community 17 yrs. — mos. — days.
(Specify whether) minutes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) Widowed
MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of William H. Dorgan (Give maiden name of wife in full)
(or) WIFE of William H. Dorgan (Husband's name in full)

6 Age of husband or wife if alive Deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years — Months — Days — If less than 1 day Hours — Minutes

Usual Occupation: at home

Industry or Business: —

11 Social Security No. None

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER John J. Shea

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Catherine Marshall

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant James Shea (Address) 289 Pleasant St. Winthrop Relation, if any (Brother)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chelakoff (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/27/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July - 25 - 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

external hemorrhage
Bullet wound left leg
insect wound neck

20 Accident, suicide, or homicide (specify) Homicide
Date of occurrence July - 25 - 1942

Where did Injury occur? Winthrop, Mass.
(City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

Manner of Injury —
Nature of Injury —
While at work? — Was there an autopsy? Yes

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Wm. J. Brickley M. D.
(Address) Boston July - 25 - 1942

22 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 28 1942

23 NAME OF FUNERAL DIRECTOR Richard C. Gilly
ADDRESS Boston

Received and filed JUL 29 1942 1942
(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the place where he died, the date of death, the date of the contract of burial, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker, or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof, which have been brought into the commonwealth until he has received permission from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.
—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) under *cause*, the nature of an injury and of the circumstances; and (2) under *manner*, the mode of its production, together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

133

State of Conn.

1. PLACE OF DEATH:

(a) County Middlesex
(b) City or town Clinton
(If outside city or town limits, write RURAL)(c) Name of hospital or institution:
57 High St.(d) Length of stay: In hospital or institution
(If not in hospital or institution, write street number or location)In this community 1 mo. 12 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass. (b) County _____
(c) City or town Winsthrop
(If outside city or town limits, write RURAL)(d) Street No. 229 Washington Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Lorena Walton3. (b) If veteran,
name war _____3. (c) Social Security
No. 022-03-37844. Sex F 5. Color or
race W6. (a) Single, widowed, married,
divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased June
(Month)15 1895
(Day) (Year)8. AGE: Years Months Days
67 4 20If less than one day
hr. min.9. Birthplace Revere Mass.
(City, town, or country) (State or foreign country)10. Usual occupation Manager11. Industry or business Office12. Name Willard Walton13. Birthplace Nova Scotia
(City, town, or country) (State or foreign country)14. Maiden name Emily C. F. Sedgwick15. Birthplace Nova Scotia
(City, town, or country) (State or foreign country)16. (a) Informant's own signature Vernon Walton(b) Address Clinton, Conn.17. (a) Cremation (b) Date thereof 6/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place; burial or cremation Evansville, Mass.18. (a) Signature of funeral director William Swan(b) Address Clinton, Conn.19. (a) 6/6/42 (b) Charles Peltou
(Date received local registrar) (Registrar's signature)MEDICAL CERTIFICATION
20. Date of death: Month June day 5
year 1942 hour 11 minute 50 P.21. I hereby certify that I attended the deceased from May
30, 1942, to June 5, 1942
that I last saw her alive on June 5, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death

interstitial nephritis
metabolic insufficiency
& stenosis

Due to _____

Due to 131 AOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public
place? _____
(City or town) (County) (State)

(e) Means of injury _____

23. Signature Harry Stone (M. D. or other) _____Address Clinton Date signed 6/6/42



JUL 1 1911

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5661

PLACE OF DEATH

Suffolk

(County)

Boston

(City or town)

No. Beth Israel Hospital St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lillian Ruskin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

246 River Rd

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution.

(Specify whether)

years

months

days.

In this community yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

fem

4 COLOR OR RACE

white

5 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED

single

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive.

years

7 IF STILLBORN, enter that fact here.

8 AGE

42

Years.

Months.

Days

If less than 1 day

Hours.

Minutes

Usual

9 Occupation:

public steno-
grapher10 Industry
or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Boston Mass

13 NAME OF
FATHER

Frank Ruskin

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Fannie Rosenberg

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Russia

17

Informant
(Address)

father

Relation, if any

A TRUE COPY.

ATTEST

(Registrar of city or town where death occurred)

DATE FILED

7/6/42

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July 2 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from
6/30/42, 19, to 7/2/42, 19.I last saw her alive on 7/2/42, 19, death is said
to have occurred on the date stated above, at 11/30A.

Immediate cause of death.

Duration

fall in b.p. and cessation of
respiration

Due to

subarachnoid hemorrhage

12 dys

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of.

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R E Barkin

M. D.

(Address)

Boston

Date 7/2/1942

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Pride of Boston

(Cemetery)

(City or Town)

DATE OF BURIAL

July 3/42

Montvale

22 NAME OF

FUNERAL DIRECTOR

B F Solomon

ADDRESS

Brookline

Received and filed

AUG 11 1942

19

(Registrar of City or Town where deceased resided)

RECEIVED
 THE SECRETARY OF THE
 DEPARTMENT OF THE INTERIOR
 WASHINGTON, D. C.
 MAY 10 1894
 FROM THE
 LAND OFFICE
 ALBUQUERQUE, N. M.
 TO THE
 SECRETARY OF THE DEPARTMENT OF THE INTERIOR
 WASHINGTON, D. C.
 SUBJECT:

<p> 1. The land described in the above-entitled application is situated in the County of Santa Fe, State of New Mexico, and is more particularly described in the accompanying plat of survey. </p> <p> 2. The land is owned by the United States, and is now in the possession of the applicant. </p> <p> 3. The land is of the value of \$100,000. </p> <p> 4. The land is of the value of \$100,000. </p> <p> 5. The land is of the value of \$100,000. </p> <p> 6. The land is of the value of \$100,000. </p> <p> 7. The land is of the value of \$100,000. </p> <p> 8. The land is of the value of \$100,000. </p> <p> 9. The land is of the value of \$100,000. </p> <p> 10. The land is of the value of \$100,000. </p>	<p> 1. The land described in the above-entitled application is situated in the County of Santa Fe, State of New Mexico, and is more particularly described in the accompanying plat of survey. </p> <p> 2. The land is owned by the United States, and is now in the possession of the applicant. </p> <p> 3. The land is of the value of \$100,000. </p> <p> 4. The land is of the value of \$100,000. </p> <p> 5. The land is of the value of \$100,000. </p> <p> 6. The land is of the value of \$100,000. </p> <p> 7. The land is of the value of \$100,000. </p> <p> 8. The land is of the value of \$100,000. </p> <p> 9. The land is of the value of \$100,000. </p> <p> 10. The land is of the value of \$100,000. </p>
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Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON
(City or town making return)

135

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 5789

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)



No. 818 Harrison Ave

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Harry E. Burditt Jr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 304 Main
(Usual place of abode)

St. Winthrop

Length of stay: In hospital or institution..... years months days.
(Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED divorced
WIDOWED or DIVORCED

5a If married, widowed, or divorced Mary E Fahey
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 40 years

7 IF STILLBORN, enter that fact here.

8 AGE 41 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: painter

10 Industry or Business: signs

11 Social Security No. 002-16-5099

12 BIRTHPLACE (City) Providence R I
(State or country)

13 NAME OF FATHER Harry E Burditt

14 BIRTHPLACE OF FATHER (City) Brooklyn NY
(State or country)

15 MAIDEN NAME OF MOTHER Sarah McIsaac

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

17 father Relation, if any
Informant (Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 7/10/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 6 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Asphyxiation by meat in
pharynx
alcoholism

20 Accident, suicide, or homicide (specify) accident

Date of occurrence 19

Where did injury occur?
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in
public place?

Manner of injury Found dead in alley
(Specify type of place)

Nature of injury

While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify Timothy Leary M. D. 42
(Signed) Boston Date 7/7/19

22 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 9 1942 19

23 NAME OF FUNERAL DIRECTOR R C Kirby
ADDRESS Boston

Received and filed AUG 11 1942 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39, No. 8427-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON
(City or town making return)

136

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 5793

1 PLACE OF DEATH
Suffolk
(County)
BOSTON
(City or Town)



No. Mass General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael H Kelley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. Winthrop Arms Hotel St. Winthrop
(Usual place of abode)
(If nonresident, give city or town and state)
Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 9 Months 9 Days If less than 1 day
Hours Minutes

9 Occupation: Usual chef
Industry Winthrop Arms
10 or Business:

11 Social Security No. 030-05-7023

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER John Kelley

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Naughton

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant James Kelley (bro.) Relation, if any
(Address)

A TRUE COPY

ATTEST: Francis J. [Signature]
(Registrar of city or town where death occurred)

DATE FILED 7/10/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 7 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

general peritonitis
contusion of intestines
intestinal obstruction

20 Accident, suicide, or homicide (specify) accidental

Date of occurrence June 30 19 42

Where did Injury occur? Boston
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? common
(Specify type of place)

Manner of Injury

Nature of Injury Common June 30 1942

While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W J Brickley M. D. 42
(Address) Boston Date 7/7/ 19

22 Mt Benedict Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 10 1942 19

23 NAME OF FUNERAL DIRECTOR A J Breslin & Son
ADDRESS Malden

Received and Filed AUG 11 1942 19

(Registrar of City or Town where deceased resided)

<p>1870</p> <p>Jan 1st</p> <p>to</p> <p>Feb 1st</p> <p>to</p> <p>Mar 1st</p> <p>to</p> <p>Apr 1st</p> <p>to</p> <p>May 1st</p> <p>to</p> <p>Jun 1st</p> <p>to</p> <p>Jul 1st</p> <p>to</p> <p>Aug 1st</p> <p>to</p> <p>Sep 1st</p> <p>to</p> <p>Oct 1st</p> <p>to</p> <p>Nov 1st</p> <p>to</p> <p>Dec 1st</p>	<p>1871</p> <p>Jan 1st</p> <p>to</p> <p>Feb 1st</p> <p>to</p> <p>Mar 1st</p> <p>to</p> <p>Apr 1st</p> <p>to</p> <p>May 1st</p> <p>to</p> <p>Jun 1st</p> <p>to</p> <p>Jul 1st</p> <p>to</p> <p>Aug 1st</p> <p>to</p> <p>Sep 1st</p> <p>to</p> <p>Oct 1st</p> <p>to</p> <p>Nov 1st</p> <p>to</p> <p>Dec 1st</p>
<p>1872</p> <p>Jan 1st</p> <p>to</p> <p>Feb 1st</p> <p>to</p> <p>Mar 1st</p> <p>to</p> <p>Apr 1st</p> <p>to</p> <p>May 1st</p> <p>to</p> <p>Jun 1st</p> <p>to</p> <p>Jul 1st</p> <p>to</p> <p>Aug 1st</p> <p>to</p> <p>Sep 1st</p> <p>to</p> <p>Oct 1st</p> <p>to</p> <p>Nov 1st</p> <p>to</p> <p>Dec 1st</p>	<p>1873</p> <p>Jan 1st</p> <p>to</p> <p>Feb 1st</p> <p>to</p> <p>Mar 1st</p> <p>to</p> <p>Apr 1st</p> <p>to</p> <p>May 1st</p> <p>to</p> <p>Jun 1st</p> <p>to</p> <p>Jul 1st</p> <p>to</p> <p>Aug 1st</p> <p>to</p> <p>Sep 1st</p> <p>to</p> <p>Oct 1st</p> <p>to</p> <p>Nov 1st</p> <p>to</p> <p>Dec 1st</p>
<p>1874</p> <p>Jan 1st</p> <p>to</p> <p>Feb 1st</p> <p>to</p> <p>Mar 1st</p> <p>to</p> <p>Apr 1st</p> <p>to</p> <p>May 1st</p> <p>to</p> <p>Jun 1st</p> <p>to</p> <p>Jul 1st</p> <p>to</p> <p>Aug 1st</p> <p>to</p> <p>Sep 1st</p> <p>to</p> <p>Oct 1st</p> <p>to</p> <p>Nov 1st</p> <p>to</p> <p>Dec 1st</p>	<p>1875</p> <p>Jan 1st</p> <p>to</p> <p>Feb 1st</p> <p>to</p> <p>Mar 1st</p> <p>to</p> <p>Apr 1st</p> <p>to</p> <p>May 1st</p> <p>to</p> <p>Jun 1st</p> <p>to</p> <p>Jul 1st</p> <p>to</p> <p>Aug 1st</p> <p>to</p> <p>Sep 1st</p> <p>to</p> <p>Oct 1st</p> <p>to</p> <p>Nov 1st</p> <p>to</p> <p>Dec 1st</p>
<p>1876</p> <p>Jan 1st</p> <p>to</p> <p>Feb 1st</p> <p>to</p> <p>Mar 1st</p> <p>to</p> <p>Apr 1st</p> <p>to</p> <p>May 1st</p> <p>to</p> <p>Jun 1st</p> <p>to</p> <p>Jul 1st</p> <p>to</p> <p>Aug 1st</p> <p>to</p> <p>Sep 1st</p> <p>to</p> <p>Oct 1st</p> <p>to</p> <p>Nov 1st</p> <p>to</p> <p>Dec 1st</p>	<p>1877</p> <p>Jan 1st</p> <p>to</p> <p>Feb 1st</p> <p>to</p> <p>Mar 1st</p> <p>to</p> <p>Apr 1st</p> <p>to</p> <p>May 1st</p> <p>to</p> <p>Jun 1st</p> <p>to</p> <p>Jul 1st</p> <p>to</p> <p>Aug 1st</p> <p>to</p> <p>Sep 1st</p> <p>to</p> <p>Oct 1st</p> <p>to</p> <p>Nov 1st</p> <p>to</p> <p>Dec 1st</p>

your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-4

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

137

(City or town making return)

Registered No. 6326

PLACE OF DEATH

SUFFOLK
(County)
BOSTON
(City or Town)

No. Beth Israel Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jane Cohen
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence, No. 19 Carol Ave St. Winthrop
(Usual place of abode)

Length of stay: In hospital or institution. years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX fem 4 COLOR OR RACE white 5 SINGLE MARRIED (write the word) WIDOWED divorced married

5a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Barney Cohen
(Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 1 Months Days If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER David B Levy

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Julia Udlofsky

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant husband Relation, if any
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 7/29/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 27 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I have deceased from 6/23/42, 19, to 7/24/42, 19.

I last saw her alive on 7/24/42, 19, death is said to have occurred on the date stated above, at 2 P.m. Duration

Immediate cause of death peritonitis, circulatory collapse 3 dys

Due to sec-infection to ca of colon with extension to uterus and bladder

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S M Levenson M. D.

(Address) Boston Date 7/27/42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Maple Hill Peabody
(Cemetery) (City or Town)

DATE OF BURIAL July 28 1942 19

22 NAME OF FUNERAL DIRECTOR P Hymanson

ADDRESS Lynn

Received and filed AUG 11 1942 19

(Registrar of City or Town where deceased resided)



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **138**

1 PLACE OF DEATH
 Suffolk County
 (City or Town)
 No. **39 Wilshire**



2 FULL NAME **Amelia Dello Russo**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **39 Wilshire**
 (Usual place of abode) **56 years**

SL (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

SL **Winthrop Mass**
 (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community **16** yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED **Widow**

5a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of **Generoso Dello Russo**
 (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **74** Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: **Housewife**

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) **Italy**
 (State or country)

13 NAME OF FATHER **Generoso Potito**

14 BIRTHPLACE OF FATHER (City) **Italy**
 (State or country)

15 MAIDEN NAME OF MOTHER **Maria Rizzo**

16 BIRTHPLACE OF MOTHER (City) **Italy**
 (State or country)

17 Informant (Address) **Michael Dello Russo** Relation, if any
39 Wilshire St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chubb
 (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **8/3/42** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 1, 1942**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 1940 to **July 31, 1942**

I last saw her alive on **July 31, 1942** death is said to
 have occurred on the date stated above, at **5:50 a. m.**

Immediate cause of death: **Cerebral embolism** Duration **2 weeks**

Due to **arteriosclerotic Ht dis** Duration **2 yrs**

Due to **hypertension, carcinoma of** Duration **2 years**

metastasis

Other conditions: **none**

(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of colon**

Of operations **June 1, 1940** Date of

Of autopsy **none**

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify: **D. D. Potito** M. D.

(Address) **7 Central St** Date **8/2/42**

21 **Holy Cross Church** Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Aug 4, 1942**

22 NAME OF FUNERAL DIRECTOR **James J. Sementa**

ADDRESS **215 North St Boston**

Received and filed **19**

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 1 year or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **199**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **59 Lewis Ave.**



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Agnes Cox Thackray**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. **59 Lewis Ave.** St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution..... years months days. In this community **15** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Widowed**

5a If married, widowed, or divorced
HUSBAND of **Alfred J. Thackray** (give maiden name of wife in full)
(or) WIFE of **Alfred J. Thackray** (husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **89** Years **11** Months **29** Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: **Housewife**

Industry
10 or Business: **At Home**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Birmingham**
(State or country) **England**

13 NAME OF
FATHER **not known**

14 BIRTHPLACE OF
FATHER (City) **England**
(State or country)

15 MAIDEN NAME
OF MOTHER **not known**

16 BIRTHPLACE OF
MOTHER (City) **England**
(State or country)

17 Informant **Margaret Thomas** (Relation, if any)
(Address) **59 Lewis Ave., Winthrop, Mass.** **(Daughter)**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **8/4/42** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 2, 1942**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 1, 1942 to **XXXXXXXXXXXX** 19

I last saw her alive on **August 1, 1942**, death is said to
have occurred on the date stated above, at **1:30 A.m.**

Immediate cause of death

Bronchopneumonia

Duration

IMPORTANT
6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)
Arteriosclerosis

IMPORTANT
30 years

Major findings:

Of operations

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

Date of

Of autopsy

What test confirmed diagnosis? **None**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

OR (Signed) **Wm. S. Childress** M. D.
28 WASHINGTON AVENUE AUG 2 1942
WINTHROP, MASSACHUSETTS

21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)
August 4, 1942
DATE OF BURIAL

22 NAME OF FUNERAL DIRECTOR **Richard W. White**
ADDRESS **147 Winthrop St., Winthrop**

Received and filed **AUG 11 1942**

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

(per Mr. O'Brien)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **140**

1 PLACE OF DEATH

Suffolk
(County)
High
(City or Town)

No. *Trinity Community Hosp.*

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elsie K. Connor

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

Trinity Court Chambers - Dorchester

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

years

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

48

years

7 IF STILLBORN, enter that fact here.

8

AGE

48 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Housewife

Industry

or Business:

Paul Baker Co

11 Social Security No.

Unknown

12 BIRTHPLACE (City)

(State or country)

Boston Mass

13 NAME OF

FATHER

Chas Connor

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Boston Mass

15 MAIDEN NAME

OF MOTHER

Elizabeth Hall

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston Mass

PARENTS

17

Informant

(Address)

Chas Connor

Relation, if any

Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Quideley
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

August

(Month)

4

(Day)

1942

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

August 4 (1942) 1942 to August 4 (1942) 1942

I last saw her alive on *Aug 4 - 1942*

death is said to have occurred on the date stated above, at *7:55 P.M.*

Immediate cause of death

Cerebral Hemorrhage

Duration

IMPORTANT

12 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify

(Signed)

(Address)

Edward J. Frazier

M. D.

Date

Aug 5

1942

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

22 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d) 1-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 141

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 494 Shirley Street



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Albertus Alden Tewksbury

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 494 Shirley Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 60 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of Gertrude T Taylor
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 8 Months 20 Days | If less than 1 day Hours Minutes

9 Occupation: Usual Fireman (Retired)

10 Industry or Business: Winthrop Fire Dept.

11 Social Security No. None

12 BIRTHPLACE (City) Chelsea
(State or country) Mass.

13 NAME OF FATHER Horace W Tewksbury

14 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Isabell Wheeler

16 BIRTHPLACE OF MOTHER (City) Stoneham
(State or country) Mass.

17 Informant Gertrude T Tewksbury Relation (Address) 494 Shirley St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/8/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 6, 1942.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 1940, to August 6, 1942.
I last saw him alive on August 4, 1942, death is said to have occurred on the date stated above, at 6:00 P. m.

Immediate cause of death: Respiratory failure due to bulbar paralysis
Due to Multiple Sclerosis
Duration 3 da. 4 yrs.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations. Date of. Of autopsy. What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify Robert A. Gordon M. D.
(Signed) Winthrop Mass. Date 8/7/1942.
(Address) Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)
OATE OF BURIAL August 9 1942

21 NAME OF FUNERAL DIRECTOR Howard S. Arnold
ADDRESS Winthrop Mass
Received and filed. Aug 11 1942 19
(Registrar)

RETURN OF CERTIFICATES OF DEATH

§ 1. No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If an occupation had been given or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGES should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH
 1 **Suffolk** (County)
Winthron (City or Town)
 No. **14 Pebble Ave.** St. _____
2 FULL NAME **Eugene Crosby Clement**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **14 Pebble Ave., Winthron** St. _____
 (Usual place of abode)
Length of stay: In hospital or institution ☒ years ☒ months ☒ days. In this community **27** yrs. mos. ____ days.
 (Specify whether)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **142**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR) **American**

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED
----------------------	---------------------------------	--

5a If married, widowed, or divorced.
HUSBAND of **Gladeys Wiggan Clement**
 (Give maiden name of wife in full)
(or) WIFE of _____
 (Husband's name in full)
6 Age of husband or wife if alive. **48** years
7 IF STILLBORN, enter that fact here.
8 AGE **64** Years **2** Months **12** Days **_____** Hours **_____** Minutes
Usual Occupation: **Retired Railway Postal Clerk**
Industry or Business: **U. S. Government**
11 Social Security No. _____
12 BIRTHPLACE (City) **West Boston, Mass.**
 (State or country)
13 NAME OF FATHER **Frank Clement**
14 BIRTHPLACE OF FATHER (City) **Levant, Maine**
 (State or country)
15 MAIDEN NAME OF MOTHER **Effie May Han**
16 BIRTHPLACE OF MOTHER (City) **Wenduskeag, Maine**
 (State or country)
17 **Gladeys M. Clement** (wife) Relation, if any
Informant (Address) **14 Pebble Ave., Winthron**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress, Jr.
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **10/10/42** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 8, 1942**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from **July 25, 1942** to **August 5, 1942**
 I last saw him alive on **August 7, 1942**, death is said to have occurred on the date stated above, at **2:30 A. M.**
 Immediate cause of death **Acute Coronary Thrombosis**
 Due to **Angina Pectoris** **13 year**
 Due to **Chronic Bronchitis** **5 years**
 Other conditions **none**
 (Include pregnancy within 3 months of death)
Major findings:
 Of operations **none**
 Of autopsy **not done**
 What test confirmed diagnosis? _____
20 Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____
 (Signed) **Joel Chaus** M. D.
 (Address) **362 Shirley St.** Date **8/8/42**
21 **Winthron**
 Place of Burial, Cremation or Removal, (City or Town)
DATE OF BURIAL **Aug - 10, 1942**
22 NAME OF FUNERAL DIRECTOR **Edw. P. Benjamin**
ADDRESS **Winthron, Mass.**
Received and filed **AUG 11 1942**
 (Registrar)

Duration **IMPORTANT**
2 weeks

IMPORTANT

PHYSICIAN

Underline the cause to which death should be charged statistically.

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried, to such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Praise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health,
or its Agent.

Registered No. **143**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Baby Boy Petersen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 105 Putnam Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community _____ yrs. _____ mos. _____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive Stillborn years

7 IF STILLBORN, enter that fact here.

8 AGE _____ Years _____ Months _____ Days | If less than 1 day
Hours _____ Minutes

9 Occupation: _____
Usual

10 Industry _____
or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

13 NAME OF FATHER Robert Petersen

14 BIRTHPLACE OF FATHER (City) Copenhagen
(State or country) Denmark

15 MAIDEN NAME OF MOTHER Marion B Crockett

16 BIRTHPLACE OF MOTHER (City) Raymond
(State or country) Maine

17 Informant Robert Petersen (Father)
(Address) 105 Putnam St. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm B. Childress
(Signature of Agent of Board of Health or other)

8/11/42 Health Officer
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 10 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____, death is said to
have occurred on the date stated above, at _____ m.

Immediate cause of death _____ Duration

Stillborn (Full term) IMPORTANT

Due to Toxemia of Pregnancy 14wks

Due to _____

Other conditions (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Breech presentation Physician

Of operations _____ Date of _____ Underline

Of autopsy _____ the cause to

What test confirmed diagnosis? Clinical lab. should be

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ M. D.

(Signed) _____ Date Aug 11 1942

(Address) 562 Dudley St. Winthrop

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL August 11 1942

22 NAME OF FUNERAL DIRECTOR Edward J. Connelley

ADDRESS Winthrop Mass.

Received and filed _____ 19____

AUG 12 1942

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-139, No. 8427-d

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)
Registered No. 114

No. Wentworth Community Hospital

If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Pappas
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) Do

(a) Residence. No. 15 Coral Avenue St. Wentworth
(Usual place of abode)
Length of stay: In hospital or institution 4 hrs. years months days. In this community 38 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDWED or DIVORCED <u>Married</u>
5a If married, widowed, or divorced HUSBAND of <u>Christina Kaliris</u> (Give maiden name of wife in full)		
(or) WIFE of _____ (Husband's name in full)		
6 Age of husband or wife if alive <u>38</u> years		
7 IF STILLBORN, enter that fact here.		
8 AGE <u>50</u> Years _____ Months _____ Days _____ If less than 1 day Hours _____ Minutes _____		
9 Usual Occupation: <u>Manager</u>		
10 Industry or Business: <u>Restaurant</u>		
11 Social Security No. <u>023-05-8390</u>		
12 BIRTHPLACE (City) (State or country) <u>Greece</u>		
13 NAME OF FATHER <u>John Pappas</u>		
14 BIRTHPLACE OF FATHER (City) (State or country) <u>Greece</u>		
15 MAIDEN NAME OF MOTHER <u>Angelina Vlachos</u>		
16 BIRTHPLACE OF MOTHER (City) (State or country) <u>Greece</u>		
17 Informant. <u>Marina Pappas</u> Relation, if any (Address) <u>15 Coral Ave. Wentworth</u>		

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/11/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <u>August 11</u> 19 <u>42</u> (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from <u>July 15</u> , 19 <u>42</u> , to <u>August 11</u> , 19 <u>42</u> I last saw him alive on <u>August 11</u> , 19 <u>42</u> ; death is said to have occurred on the date stated above, at <u>11 A.M.</u> Immediate cause of death <u>Carcinoma of mouth & neck</u> Due to <u>massive hemorrhage from jugular vein & neck</u> Due to <u>several carcinomatous (right)</u> Other conditions <u>none</u> (Include pregnancy within 3 months of death)	Duration <u>8 mos</u> <u>5 hrs</u> <u>3 mos</u>
Major findings: <u>Cancer of neck</u> Of operations <u>none</u> Date of <u>Jan 1942</u> Of autopsy <u>none</u> What test confirmed diagnosis? <u>clinical</u>		PHYSICIAN Underline the cause to which death should be charged statistically.
20 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Isaac Abraham M.D.</u> M. D. (Address) <u>1302 Shirley St.</u> Date <u>4/11/42</u>		
21 <u>Wentworth Community Hospital</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>August 13</u> 19 <u>42</u>		
22 NAME OF FUNERAL DIRECTOR <u>Arthur C. Harris</u> ADDRESS <u>1654 Washington St.</u> Received and filed <u>Robert</u> 19 <u>42</u>		

A TRUE COPY ATTEST: Aug 12 1942 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. ... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **145**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 23 Court Road



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME James Aldrich Whipple
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 23 Court Road
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days.
(Before death) (Specify whether) In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Harriette Godbold
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 10 Months 23 Days
If less than 1 day Hours Minutes

9 Occupation: Usual
Accountant

10 Industry or Business: Real Estate & Trust Co.

11 Social Security No. 031-01-1225

12 BIRTHPLACE (City) Hyde Park
(State or country) Massachusetts

13 NAME OF FATHER Frederick Jenks Whipple

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Lucinda Du Bois

16 BIRTHPLACE OF MOTHER (City) Utica Falls
(State or country) New York

17 Informant Harriette G. Whipple (Relation, if any)
(Address) 23 Court Road, Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers &
(Signature of Agent of Board of Health or other)

Health Officer 8/14/43
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 13 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____.

I last saw him alive on _____, 19____, death is said to
have occurred on the date stated above, at 6:30 A. M.

Immediate cause of death

Pulmonary Embolism

Duration

IMPORTANT

Due to Phlebitis at leg
cystitis prostatic

16 mos

Due to Chronic Cystitis & Prostatic
inflammation

17 mos

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Hypertrophy of Prostate & Calculi
Of operations: Ch. Cystitis Date of Op. 3/14/41

Of autopsy
What test confirmed diagnosis? Clinical

IMPORTANT

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) Doctor [Signature]
(Address) 178 Winthrop St. Date Aug 13, 1942
for Winthrop Board of Health

21 Woodlawn Cemetery Everett
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL August 15, 1942 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed _____ 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

term, and that it may be properly classified. Exact statement of occupation is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physician to insert a recital to that effect.

100m (d)-1-41-4067

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **146**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 24 Underhill st



SL (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Anna E. Quinlan Haley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
If so specify WAR)

(a) Residence. No. 24 Underhill st
(Usual place of abode) SL
(If nonresident, give city or town and State)

Length of stay: In hospital or Institution. years months days. In this community 2 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph E. Haley
(Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 49 Years 1 Months 5 Days If less than 1 day
AGE Hours Minutes

9 Occupation: housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER John H. Quinlan
14 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) Mass

15 MAIDEN NAME OF MOTHER Nora Welsh

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Joseph E. Haley (Relation, if any)
(Address) 24 Underhill st

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 8/18/45

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 16 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 1, 1940 to Aug 16, 1942
I last saw him alive on Aug 16, 1942 Death is said to
have occurred on the date stated above, at 2:30 P.M.

Immediate cause of death Duration

1 Hyperstatic pneumonia IMPORTANT
2 day

Due to recurrent carcinoma

Due to metastasis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? to

If so, specify (Signed) C. J. Mahoney M. D.

(Address) 12 Washington St. Date 8-16-1942

21 Holy Cross Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Aug 19 1942

22 NAME OF FUNERAL DIRECTOR John J. Mahoney

ADDRESS 1111 Broad

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 11 Prospect Ave.		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 147	
1 FULL NAME		Mary M. McAuley (Mortimer)									
(If deceased is a married, widowed or divorced woman, give also maiden name.)											
(a) Residence. No.		11 Prospect Ave.									
(Usual place of abode)											
Length of stay: In hospital or institution		years months days.									
(Before death)		(Specify whether)									
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)									
Female	white	MARRIED WIDOWED or DIVORCED widow									
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)											
(or) WIFE of Alfonso I. McAuley (Husband's name in full)											
6 Age of husband or wife if alive years											
7 IF STILLBORN, enter that fact here.											
8 AGE 71 Years 5 Months Days If less than 1 day Hours Minutes											
9 Usual Occupation: housewife											
10 Industry or Business: at home											
11 Social Security No. none											
12 BIRTHPLACE (City) Ireland (State or country)											
13 NAME OF FATHER James Mortimer											
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)											
15 MAIDEN NAME OF MOTHER Catherine Cauden											
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)											
17 Informant: Helen E. McAuley (daughter) (Address) 11 Prospect Ave. Winthrop											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:											
(Signature of Agent of Board of Health or other)											
(Official Designation)											
(Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH 8 16 42 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from June 1941, to Aug 16, 1942											
I last saw him alive on Aug 15, 1942											
Death is said to have occurred on the date stated above, at 8:30 A.M.											
Immediate cause of death: Acute Cardiac Infarction											
Due to: Arrhythmia											
Due to: Acute Arteriosclerosis											
Due to: Aortic Aneurysm											
Other conditions: (Include pregnancy within 3 months of death)											
Major findings: Of operations:											
Of autopsy:											
What test confirmed diagnosis?											
20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Edward J. Leonard, M. D. (Address) 272 Beacon St. Date 8/16 1942											
21 Place of Burial, Cremation or Removal. Oak Grove, Weyford (City or Town)											
DATE OF BURIAL Aug. 19 1942											
22 NAME OF FUNERAL DIRECTOR George L. Dolbert											
ADDRESS 163 Washington St. Weyford											
Received and filed Aug 1 1942											
(Registrar)											

To be filed for burial permit with Board of Health or its Agent.

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(If nonresident, give city or town and State)

Duration IMPORTANT

IMPORTANT

Physician

Underline the cause to which death should be charged statistically.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine Insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. **148**

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Station Hospital, Fort Banks, Mass.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME JOHN FRANCIS NIMBLETT
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a World
U. S. War Veteran,
If so specify WAR) War II

(a) Residence, No. Fort Banks, Mass.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital — years — months 2 days. In this community 6 yrs. 2 mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

18 DATE OF DEATH August 20, 1942
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Ruth Elizabeth Abbott
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
August 18, 1942, to August 20, 1942

I last saw him alive on August 20, 1942 death is said to
have occurred on the date stated above, at 8:23 a.m.

6 Age of husband or wife if alive 40 years

Immediate cause of death
Apoplexy, cerebral

Duration
IMPORTANT
2 hr.

7 IF STILLBORN, enter that fact here.

8 AGE 41 Years 11 Months 1 Days | If less than 1 day
Hours Minutes

Due to Arterial hypertension, cause
undetermined.

2 yrs.

9 Usual Occupation: Soldier

Due to —

10 Industry or Business: U. S. Army

Other conditions Retinitis, albuminuric
(Include pregnancy within 3 months of death)

IMPORTANT

11 Social Security No. None

12 BIRTHPLACE (City) Danvers, Massachusetts
(State or country)

Major findings:
Of operations —

Physician

PARENTS

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

Date of —
Of autopsy Cerebral hemorrhage, Cardiac enlargement. Autopsy
What test confirmed diagnosis?

Underline the cause to which death should be charged statistically.

17 Informant John Nimblett (Relation, if any Son)
(Address)

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jimmy Clark M.D.
(Address) Station Hospital, Fort Banks, Mass. Date Aug. 20, 1942

21 Camp Devens Eyes
Place of Burial, Cremation or Removal City or Town)
DATE OF BURIAL Aug 22 1942

22 NAME OF FUNERAL DIRECTOR
ADDRESS 254 Beal St. Revere

Received and filed 19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 8/21/42

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

Statement of Occupation.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entries in this section for every person aged 10 years or over. If the occupation had been given up on account of illness, if the deceased causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework—write, housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25-m-2-40-D-729-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No. **149**

1 PLACE OF DEATH **Suffolk** (County)
Winthrop (City or Town)
 No. **Winthrop Harbor Belle Isle Inlet** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Mildred Beale** (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (If U. S. War Veteran, specify WAR)

(a) Residence. No. **25 Loring Road Winthrop** (Usual place of abode)
 (If nonresident, give city or town and state)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community **3** yrs. **11** mos. **28** days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word) **Single**
 MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)

(or) WIFE of _____ (Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here. **No**

8 AGE **3** Years **28** Months **28** Days If less than 1 day Hours _____ Minutes _____

Usual Occupation: **at home**

Industry or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) **Winthrop Mass.** (State or country)

13 NAME OF FATHER **Frank A. Beale**

14 BIRTHPLACE OF FATHER (City) **Edmonton Mass.** (State or country)

15 MAIDEN NAME OF MOTHER **Anna E. McDonald**

16 BIRTHPLACE OF MOTHER (City) **Edmonton Mass.** (State or country)

17 Informant **Frank A. Beale (Father)** Relation, if any
 (Address) **25 Loring Rd. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **11-17-42**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **August 21-1942**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Drowning

20 Accident, suicide, or homicide (specify) **accidental**
 Date of occurrence **Aug - 21 - 1942**

Where did Injury occur? **Winthrop Mass.**
 (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?
beach

Manner of Injury **Found dead Belle Isle marsh**
 (Specify type of place)

Nature of Injury **Aug - 24 - 1942**

While at work? **No** Was there an autopsy? **no**

21 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Sh. J. Brinkley**

(Signed) **Sh. J. Brinkley** M. D.

(Address) **Boston** **date 24-1942**

22 Place of Burial, Cremation or Removal **Boston** (City or Town)

DATE OF BURIAL **8-26-42** 19

23 NAME OF FUNERAL DIRECTOR **James J. Quinn**

ADDRESS **Cambridge 39**

Received and filed _____ 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 8427-d

PLACE OF DEATH

Suffolk
(County)
Hanthrop
(City or Town)
No. *Hanthrop Comm. Hospital*



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. *150*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Margaret Crowley Sharkey*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *168 Chestnut St.* St. *Everett, Massachusetts*
(Usual place of abode)
Length of stay: In hospital or institution *Hospital* years months *13 1/2* days. In this community yrs. mos. *16* days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED *Widowed*
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of *John Sharkey*
(Give maiden name of wife in full)
(or) WIFE of *John Sharkey*
(Husband's name in full)

6 Age of husband or wife if alive. *44* years

7 IF STILLBORN, enter that fact here.

8 AGE *74* Years *2* Months *-* Days *-* Hours *-* Minutes9 Usual Occupation: *housewife*10 Industry or Business: *at home*11 Social Security No. *none*12 BIRTHPLACE (City) *Ireland*
(State or country)13 NAME OF FATHER *Michael Crowley*14 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)15 MAIDEN NAME OF MOTHER *Ellen Connelley*16 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

17 Informant *Catherine Mayne, Sister* Relation, if any
(Address) *48 Adams St. Everett*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

M.D. Childress
(Signature of Agent of Board of Health or other)
H.D. Childress
(Official Designation) (Date of Issue of Permit) *Aug 21/42*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *August 21, 1942.*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Aug 4, 19*42*, to *Aug 21*, 19*42*
I last saw her alive on *Aug 21*, 19*42*, death is said
to have occurred on the date stated above, at *6:40 a.m.* Duration

Immediate cause of death *Chronic Sigmoiditis with obstructive
ileus. Chronic myocarditis since 1938.*
Due to *arteriosclerosis since 1932.*

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: *Chronic Sigmoiditis* Underline
Of operations *Chronic Sigmoiditis* the cause to
Date of *Aug 13, 42* which death
Of autopsy *none* should be
What test confirmed diagnosis? *Clinical* charged statistically.

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Sydney C. Dickinson* M. D.
(Address) *Hosp. T. Everett* Date *Aug 21, 1942*

21 *Holy Cross Hospital*
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL *August 24*, 19*42*

22 NAME OF FUNERAL DIRECTOR *Daniel J. Connelley*
ADDRESS *350 Broadway, Everett*

Received and filed *19*

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

100m (d)-1-41-4667

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **151**

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ada Maria (Winn) Lamb
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 72 Main
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: in hospital or Institution Hospital — years — months 1 days. In this community 80 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED

18 DATE OF DEATH August 23, 1942
(Month) (Day) (Year)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Charles Edgar Lamb
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive 86 years

7 IF STILLBORN, enter that fact here.

8 AGE 86 Years 6 Months 18 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Portland
(State or country) Maine

19 I HEREBY CERTIFY, That I attended deceased from
Aug 22, 1942, to Aug 23, 1942
I last saw her alive on Aug 23, 1942; death is said to
have occurred on the date stated above, at 10:15 a.m.

Immediate cause of death Pneumonia,
Solar,

Duration

IMPORTANT
30 hrs

Due to

Due to

Other conditions Arterio sclerosis.
(Include pregnancy within 3 months of death)

10 years

IMPORTANT

Major findings:
Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? clinical

Physician

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Spalding Dickinson M. D.
(Address) Winthrop, Mass. Date Aug 24, 1942

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 25, 1942 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass.

Received and filed 19

(Registrar)

PARENTS

13 NAME OF FATHER William B. Winn

14 BIRTHPLACE OF FATHER (City) Portland
(State or country) Maine

15 MAIDEN NAME OF MOTHER Mary Colby

16 BIRTHPLACE OF MOTHER (City) Farley
(State or country) Vermont

17 Informant Mrs. Mabel Deroo (Relation, if any)
(Address) 82 Main St (Maiden name)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. L. Quilley
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/25/42 (Date of Issue of Permit)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **152**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 130 Brookfield Rd.



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elizabeth M. Mullen Monarch
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 130 Brookfield Rd. St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months days. In this community 40 yrs. — mos. — days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William J. Mullen
(Husband's name in full)

6 Age of husband or wife If alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years — Months — Days | If less than 1 day
Hours — Minutes

Usual
9 Occupation: Housewife

Industry
10 or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Oneleget
(State or country) Mass

13 NAME OF
FATHER Jeremiah Mullen

14 BIRTHPLACE OF
FATHER (City) Ireland
(State or country)

15 MAIDEN NAME
OF MOTHER Mary Cassidy

16 BIRTHPLACE OF
MOTHER (City) Ireland
(State or country)

17 Informant Mrs. Frank A. Farrell (Relation, if any)
(Address) 130 Brookfield Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 8/28/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 25, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 9, 1942, to August 25, 1942

I last saw her alive on August 25, 1942, death is said to
have occurred on the date stated above, at 9:15 p.m.

Immediate cause of death Carcinoma of Sigmoid
Duration 6 mos.

Due to

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: No operation
Of operations

Date of

Of autopsy No autopsy

What test confirmed diagnosis? Clinical progress

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. J. Quinn
(Address) 28 Wash. Av. Winthrop Date Aug. 26, 1942

21 St. Joseph's Pepperell
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug. 28, 1942 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed Aug. 28, 1942 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

Statement of Occupation.—The precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 1 year and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

RECEIVED SEP 6 1942

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

153

PLACE OF DEATH

No.

Suffolk (County)

Dorchester (City or Town)

Dorchester Community Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No.

(Usual place of abode)

21

Bayswater

St. East Boston

(If nonresident, give city or town and State)

Length of stay: in hospital or institution

(Before death)

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

18 DATE OF DEATH

August 26 - 1942

(Month)

(Day)

(Year)

5a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

Stillborn

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country)

Dorchester Mass.

13 NAME OF FATHER

Thomas Cantillo

14 BIRTHPLACE OF FATHER (City) (State or country)

East Boston Mass.

15 MAIDEN NAME OF MOTHER

Constance Avallone

16 BIRTHPLACE OF MOTHER (City) (State or country)

East Boston Mass.

17 Informant (Address)

Thomas Cantillo

(Relation, if any) Father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at m.

Immediate cause of death

Duration

IMPORTANT

Stillborn at about 5 months of gestation.

Due to

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

Charles Miller 305 Haver St.

Date Aug 29, 1942 M. D.

21

Place of Burial, Cremation or Removal

(City or Town)

DATE OF BURIAL

Aug 29, 1942

1942

22 NAME OF FUNERAL DIRECTOR

ADDRESS

William E. Pepe 971 Broadway St. East Boston

Received and filed

19

(Registrar)

extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-C-2-42-8855

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative baldness of various pursuits can be known. Mark some very broad sections of every person aged 10 years or over. If the occupation had been given up on account of illness or disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-739, No. 8427-d

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 154

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



2 FULL NAME HYMAN I. SPERBER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 72 Strathmore Road Brighton, Mass.

(Usual place of abode)

length of stay: In hospital or institution hospital — years — months 5 days. In this community yrs. mos. 5 days.

(Specify whether)

{ (If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of Martha Alland (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years — Months — Days If less than 1 day Hours Minutes

9 Usual Occupation: Ladies Clothing - Manufacture (retired)

10 or Business:

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Austria

13 NAME OF FATHER Abraham D. Sperber

14 BIRTHPLACE OF FATHER (City) (State or country) Austria

15 MAIDEN NAME OF MOTHER (unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country) (unknown)

17 Informant Abraham D. Sperber Relation if any son (Address) 141 E. 56 St., New York, N.Y.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other) (Official Designation) Health Officer (Date of Issue of Permit) 9/11/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 30 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Aug 26, 1942, to Aug 30, 1942

I last saw him alive on Aug 30, 1942, death is said to have occurred on the date stated above, at 7 P. m.

Immediate cause of death.

Uremic poisoning 2 days

Due to hyperuricemia heart disease 1 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank J. Miller M. D. (Address) 53 Maple St., Boston Date 9/30/42

21 Adath Israel -- Wakefield Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL September 2, 1942

22 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon ADDRESS 4208 Harvard St., Brookline.

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1152

1 No. 90 Quincy Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eileen M. Spinelli (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 90 Quincy Ave St. (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community 5 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Michael J. Spinelli (Husband's name in full)		
6 Age of husband or wife if alive 32 years		
7 IF STILLBORN, enter that fact here.		
8 AGE 29 Years Months Days If less than 1 day Hours Minutes		
9 Usual Occupation: Housewife		
10 Industry or Business: at home		
11 Social Security No. none		
12 BIRTHPLACE (City) (State or country) East Boston Mass		
13 NAME OF FATHER Frederick Horner		
14 BIRTHPLACE OF FATHER (City) (State or country) East Boston Mass		
15 MAIDEN NAME OF MOTHER Sarah Matthews		
16 BIRTHPLACE OF MOTHER (City) (State or country) England		

17 Informant Michael J. Spinelli (Address) 90 Quincy Ave Winthrop Relation, if any Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/1/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 30 1942 (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from 29.24, 1942, to Aug 30, 1942. I last saw h. alive on Aug 30, 1942, death is said to have occurred on the date stated above, at 11:30 a.m. Immediate cause of death: Myocardial infarction, pneumonia. Due to: Due to: Other conditions: (Include pregnancy within 3 months of death) Major findings: Of operations: Date of: Of autopsy: What test confirmed diagnosis?	Duration IMPORTANT Aug 29 Aug 24
20 Was disease or injury in any way related to occupation of deceased? no	21 Place of Burial, Cremation or Removal. DATE OF BURIAL Sept 2 1942	22 NAME OF FUNERAL DIRECTOR Charles E. Treanor ADDRESS East Boston
Received and filed. 19		(Registrar)

SPACE FOR ADDITIONAL INFORMATION

VITAL DATA DECEASED	1a. Last Name of Deceased Willock Jr.		1b. First Name Charles		1c. Second Name T.		2a. Month Day Year 2b. Hour DATE OF DEATH: May 7 1942 3P M.	
	2. Sex — Male or Female? Male		4. Color or Race White		5. Single, Married, Widowed or Divorced Single		6a. Name of Husband or Wife 6b. Age None	
	7. Date of Birth of Deceased May 10, 1919		8. Age of Deceased If under 1 day 22 1		9a. Birthplace (City or town) Unknown		9b. (State or Foreign Country) Unknown	
	10. Usual Occupation Estimator		11. Industry or Business ARMY		12. Social Security Number None		13. If veteran name was No	
PLACE OF DEATH 1000 1	14. City or Town — (If outside city or town limits write RURAL) Rural 1 1/2 Mi. East of Esler Field, La.				15. Parish and Ward No. Rapides Ward 10		16. Length of Stay in this Community (The month or days) 1 Month	
	17. Name of Hospital or Institution (If not in hospital or institution give street no. or location) Rural 1 1/2 Mi. East of Esler Field, La.				18. Length of Stay in Hospital or Institution (The month or days) None			
RESIDENCE CEASED 919	19. City or Town — (If outside city or town limits write RURAL) Winthrop				20. Parish and Ward No. Unknown		21. State Massachusetts	
	22. Street Address — (If rural give location) 209 Cliff Avenue				23. Is deceased a citizen of a foreign country? If yes, name country No			
FATHER'S TS	24. Name of Father Charles T. Willock, Sr.		25. Birthplace of Father Unknown		26. Name of Mother Unknown		27. Birthplace of Mother Unknown	
	I certify that the above stated information is true and correct to the best of my knowledge.		28. Signature of Informant <i>Wilbur H. Wood, Capt., A.C.</i>				29. Date of Signature May 9, 1942	
PLACE OF DEATH 73-4	30. Immediate Cause of Death Multiple fractures of all long bones and multiple contusions							Duration
	31. Due to Head trauma accident							Duration
	32. Other Conditions (Include pregnancy within three months of death) None							Duration
	33. Major Findings of Operations No operation				34. Major Findings of Autopsy No autopsy			
	35. Accident, Suicide, or Homicide (Specify) Airplane crash		36. Date of Occurrence May 7, 1942		37. Where did injury occur? (City or town, parish and state) 1 1/2 Mi. East of Esler Field, La.			
PLACE OF DEATH ANCE	38. Did injury occur in or about home, on farm, in industrial or public place? (Specify type of place) Swamp-land		39. Did injury occur at work? (Ym or No) Yes		40. Manner of Injury airplane crash			
	41. I certify that I attended the deceased, and that death occurred on the date and hour stated above. Yes		42. Signature of Physician <i>E.D. Reardon - 1st Lt. MC</i>		43. Date of Signature May 9, 1942			
FAMILY DIRECTORS ATION	44. Burial ... Date of Burial 5/9/1942		45. Place of Burial or Cremation Newton, Mass		46. Signature of Funeral Director Hixson Bros		47. Signature of Local Registrar <i>E.D. Reardon</i>	

OCT-6 1942 AM

NON-RESIDENT
OF

Massachusetts

* 111 - 2. severely killed

* 30 - Multiple fractures of all long bones and
multiple contusions.

RHODE ISLAND STATE DEPARTMENT OF HEALTH

157

Division of Vital Statistics

City or Town No.

COPY OF
RECORD OF DEATH

1. PLACE OF DEATH

City or Town Westerly St. and No. Margaret Edward Anderson Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U.S. if of foreign birth? 23 yrs. 2 mos. 2 ds.2. FULL NAME Caroline Louise Sawyer War Record..... (Name of War)(a) Residence: 82 Loring Road City or Town Winthrop, Mass
St. and No. Winthrop, Mass
(If nonresident give city or town and State) (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed,
or Divorced (write the word) Married5a. If married, widowed, or divorced (if wife, FULL MAIDEN name)
HUSBAND George A. Sawyer
(or) WIFE6. DATE OF BIRTH (month, day and year) Sept. 28, 1885

6a. If STILLBORN enter that fact here. Months of gestation.....

7. AGE Years 56 Months 10 Days 5
If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner
sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill,
saw mill, bank, etc. At Home10. Date deceased last worked at this occupation (month and year) July 1942
11. Total Time (years) spent in this occupation.....Life12. BIRTHPLACE (city or town) Kingston
(State or country) Ontario13. NAME Lewis Seymour Haddon14. BIRTHPLACE (city or town) Pickton
(State or country) N. Y.15. MAIDEN NAME (Full name) Maud Louise Barrie16. BIRTHPLACE (city or town) Kingston
(State or country) Ontario17. INFORMANT George A. Sawyer
(Address) 82 Loring Road, Winthrop, Mass.
(Relation to deceased) Husband18. BURIAL ☒ CREMATION ☐ REMOVAL ☐ or OTHERWISE ☐
City or Town Winthrop, Mass.
Name of Cemetery Winthrop19. Signature of Embalmer E. T. Avery 481 (License No.)
Funeral Director Avery Funeral Service 6 (License No.)20. FILED Aug. 3, 1942 W. Russell Dower
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 3, 1942
(month, day, and year)22. I HEREBY CERTIFY, That I attended deceased from
July 23, 1942, to August 3, 1942I last saw her alive on August 3, 1942, death is said
to have occurred on the date stated above at 6:40a p.m.
The principal cause of death and related causes of importance
were as follows: ‡ (See below)General peritonitis from
ruptured appendix July
Acute focal toxic nephritis 22, '42
from peritonitis July 25, '42

Other contributory causes of importance:

Name of operation ‡ none Date of.....Was there an autopsy? no What tests confirmed diagnosis? ‡ clinical
urine and blood chemistry analysis.23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....(Signed) J. Gordon Anderson, M. D. (Degree)
(Address) 23 Cross St., Westerly, R. I.

‡ For more space use other side.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

STANDARD CERTIFICATE OF DEATH

State File No. _____

139

Registrar's No. _____

State of Rhode Island

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Westerly
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution:
Margaret Edward Anderson Hospital

(d) Length of stay: In hospital or institution
(If not in hospital or institution, write street number or location)

In this community 2 months
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass. (b) County _____
(c) City or town Winthrop
(If outside city or town limits, write RURAL)

(d) Street No. 82 Loring Road

(e) If foreign born, how long in U. S. A? 23 years.

3. (a) FULL NAME Caroline Louise Sawyer

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Female

5. Color or
race White

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased September 28, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days
56 10 5

If less than one day
hr. _____ min. _____

9. Birthplace Kingston, Ontario
(City, town or country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Lewis Seymour Haddon

13. Birthplace Pickton, New York
(City, town or country) (State or foreign country)

14. Maiden name Maud Louise Barrie

15. Birthplace Kingston, Ontario
(City, town, or country) (State or foreign country)

16. (a) Informant's own signature George A. Sawyer (Husband)

(b) Address 82 Loring Road, Winthrop, Mass.

17. (a) Burial

(b) Date thereof _____
(Month) (Day) (Year)

(c) Place; burial or cremation Winthrop Cemetery
Winthrop, Mass.

18. (a) Signature of funeral director Avery Funeral Service

(b) Address _____

19. (a) 8/3/42 (b) W. Russell Dower
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August day 3,
year 1942 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from July
23, 1942, to August 3, 1942

that I last saw her alive on August 3, 1942:

and that death occurred on the date and hour stated above.

Immediate cause of death _____

General peritonitis from
ruptured appendix.

Due to Acute focal toxic nephritis
from peritonitis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

7/22/42

7/25/42

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public
place? _____

While at work? _____

(Specify type of place)
(e) Means of injury _____

23. Signature J. Gordon Anderson, M.D. (M. D. or other) _____

Address 23 Cross St., Westerly, R.I. Date signed _____

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-'39, No. 8427-g

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. Mass General Hospital

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARYCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 6552

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John C MacCormack

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

70 Atlantic

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: in hospital or institution.

(Specify whether)

years

months

days

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED widowed (write the word)

6a If married, widowed, or divorced
HUSBAND ofElizabeth McLean
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years Months Days If less than 1 day Hours Minutes

Usual
9 Occupation:Industry boiler maker
10 or Business: Contractor

11 Social Security No. Prince Edward Is

12 BIRTHPLACE (City) Canada
(State or country)

13 NAME OF FATHER Alexander MacCormack

14 BIRTHPLACE OF FATHER (City) Canada
(State or country)

15 MAIDEN NAME OF MOTHER --

16 BIRTHPLACE OF MOTHER (City)
(State or country)17 Informant John MacCormack Relation, if any son
(Address)

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 8/7/42

19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH

Aug 4 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

fractured base of skull
fractured cervical vertebra

20 Accident, suicide, or homicide (specify) accidental

Date of occurrence Aug 3 1942 19

Where did injury occur?

Winthrop

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of Injury Fell accidentally on stairs
Nature of Injury at Winthrop on Aug 3 1942

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W J Brickley

(Address) Boston

M. D. 8/4/1942

22 Place of Burial, Cremation or Removal Holy Cross Malden
(City or Town)

DATE OF BURIAL Aug 6 1942 19

23 NAME OF FUNERAL DIRECTOR Kirby Bros
ADDRESS Winthrop

Received and filed

SEP 1 1942

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Boston

159

1 PLACE OF DEATH

(County)

Boston

(City or Town)



(City or town making return)

Registered No. **6964**

No. **Beth Israel Hospital** St. {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Jacob Wolfson**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence, No. **37 Trident Ave**

(Usual place of abode)

St. **Winthrop Mass**

Length of stay: In hospital or institution..... years months **2** days.

(Specify whether)

(If nonresident, give city or town and state) In this community yrs. mos. **2** days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE MARRIED WIDOWED or DIVORCED **Married** (write the word)

5a If married, widowed, or divorced **Annie Fine** HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive **68** years

7 IF STILLBORN, enter that fact here.

8 AGE **70** Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: **Chicken Dealer**

10 Industry or Business: **Poultry(Prop)**

11 Social Security No. **none**

12 BIRTHPLACE (City) **Russia** (State or country)

13 NAME OF FATHER **Zelig Wolfson**

14 BIRTHPLACE OF FATHER (City) **Russia** (State or country)

15 MAIDEN NAME OF MOTHER **Sarah----**

16 BIRTHPLACE OF MOTHER (City) **Russia** (State or country)

17 Informant (Address) **wife** (Relation, if any)

A TRUE COPY

ATTEST: **Francis J. Fay** (Registrar of city or town where death occurred)

DATE FILED **Aug-25-42** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Aug-21-42** (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **8/20/42**, 19....., to **8/21/42**, 19.....

I last saw him alive on **8/21-42**, 19....., death is said to have occurred on the date stated above, at **5P**.....M.

Immediate cause of death **Acute Pulmonary Edema** hrs

Hepato-renal Syndromeobstructive

Due to **jaundice**

Uremia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify (Signed) **Robert R. Shapiro** M. D. (Address) **Beth Israel Hosp** Date **8/21/1942**

21 PLACE OF BURIAL **Golden Crown Cem-Woburn** CREMATION OR REMOVAL (Cemetery) (City or Town) **Mass**

DATE OF BURIAL **Aug-25-42** 19.....

22 NAME OF FUNERAL DIRECTOR **Henry Levine** ADDRESS **Brookline, Mass**

Received and filed **Aug-25-42** 19.....

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. **Massachusetts Memorial Hospital**



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Boston
100

(City or town making return)

Registered No. **7036**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Edith Squire**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No.

(Usual place of abode)

20 Tuxburg

St. **Winthrop, Mass**

Length of stay: In hospital or institution

(Specify whether)

years

months **2** days.

(If nonresident, give city or town and state)

In this community yrs. mos. **2** days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

(write the word)

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Carl J Squire

(Husband's name in full)

6 Age of husband or wife if alive. **59** years

7 IF STILLBORN, enter that fact here.

8 AGE **52**

Years Months Days

If less than 1 day

Hours Minutes

Usual

9 Occupation: **Housewife**

Industry

10 or Business: **--**

11 Social Security No. **none**

12 BIRTHPLACE (City)

(State or country)

Roxbury

Mass

13 NAME OF FATHER

Arthur Hubbard

14 BIRTHPLACE OF FATHER (City)

(State or country)

London

England

15 MAIDEN NAME OF MOTHER

Laura B White

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Moulton

New Brunswick

17

Informant (Address)

20 Tuxburg St

Relation, if any

(daughter)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED **Aug-27-42**

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Aug-24-42

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from **Aug-22-42**, 19....., to **Aug-24-42**, 19.....

I last saw her alive on **Aug-24-42**, 19....., death is said to have occurred on the date stated above, at **12:50P** m.

Immediate cause of death

Generalized Peritonitis

Duration

2days

Due to **Ruptured appendix and operation therefor**

2dys

Due to

Other conditions **Generalized Splanchnic Toxemia**

(Include pregnancy within 3 months of death)

2days

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy **above**

What test confirmed diagnosis? **Autopsy**

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **C A Powell**

(Address) **Mass Mem Hosp**

M. D. Date **8-24-1942**

21 PLACE OF BURIAL

CREMATION OR REMOVAL **Winthrop**

Winthrop Mass

(Cemetery)

(City or Town)

DATE OF BURIAL

Aug-27-42

19

22 NAME OF FUNERAL DIRECTOR

Richard H White

ADDRESS

Winthrop, Mass

Received and filed

Aug-27-42

19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 3427-f

PLACE OF DEATH

1

(County)

Boston

(City or Town)

No. **Strong Hospital-East Boston**



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **7087**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Alice M Garrett**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. **16 Wilshire**

(Usual place of abode)

St. **Winthrop Mass**

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months **2** days.

(Specify whether)

In this community yrs. mos. **2** days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE **Single** (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE **74** Years..... Months..... Days | If less than 1 day
Hours..... Minutes

Usual
9 Occupation: **At Home**

Industry
10 or Business: **--**

11 Social Security No. **none**

12 BIRTHPLACE (City) **St John**
(State or country) **New Brunswick**

PARENTS

13 NAME OF FATHER **Samuel Garrett**

14 BIRTHPLACE OF FATHER (City) **Ireland**
(State or country)

15 MAIDEN NAME OF MOTHER **Mary McJurkin**

16 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)

17 Informant **Fred Gillespie** Relation, if any **nephew**
(Address)

A TRUE COPY

ATTEST: **Francis J. Fay**
(Registrar of city or town where death occurred)

DATE FILED **Aug-31-42** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Aug-26-42**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Aug-20-42, 19....., to **Aug-26-42**, 19.....

I last saw h..... alive on **Aug-26-42**, 19....., death is said
to have occurred on the date stated above, at **5:45P** m.

Immediate cause of death.....
Pulmonary Edema **8/25/42**

Due to **Cerebral Hemorrhage** **8/20-42**

Due to **Hypertension & Hypertensive Heart Disease** **'30**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
What test confirmed diagnosis? **Physical Exam**

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **Louis E Schiaffa** M. D.
(Signed) **E Boston Mass** Date **8/26/1942**
(Address)

21 PLACE OF BURIAL, **Winthrop Cem Winthrop**
CREMATION OR REMOVAL (Cemetery) (City or Town) **Mass**

DATE OF BURIAL **Aug-29-42** 19

22 NAME OF FUNERAL DIRECTOR **Charles R Bennison**
ADDRESS **Winthrop, Mass**

Received and filed **Aug-31-42** 19

(Registrar of City or Town where deceased resided)

181

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

PLACE OF DEATH

1

(County)

Boston

(City or Town)

No. **The Boston Floating Hospital**

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

**BOSTON**

(City or town making return)

Registered No. **7180**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Baby Girl Daw**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence, No. **8 Forest**

(Usual place of abode)

St. **Winthrop, Mass.**

(If nonresident, give city or town and state)

Length of stay: In hospital or institution **16hrs** years months days.

(Specify whether)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

F**W**

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

8

AGE

Years

Months

Days

If less than 1 day

17 Hours**25** Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Winthrop**Mass**

13 NAME OF FATHER

Robert Daw

14 BIRTHPLACE OF FATHER (City)

(State or country)

Melrose**Mass**

15 MAIDEN NAME OF MOTHER

Alison Rose

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ma

17

Informant (Address)

Robert Daw

Relation, if any

(father)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Sept. 2-42

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Aug-29-42

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from: **Aug-28-42**, 19**42**, to **Aug-29-42**, 19**42**I last saw h. or alive on **Aug-29-42**, 19**42**, death is said to have occurred on the date stated above, at **4:25A** m.

Immediate cause of death

Atalectasis

Duration

17hrsDue to **Prematurity**

Due to

Other conditions **Cerebral Hemorrhage and Edema**

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy **as above**

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Charles H Hollis**(Address) **Boston**Date **8/29/1942** M. D.21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop, Mass**

(Cemetery)

(City or Town)

DATE OF BURIAL

Sept. 1-42

19

22 NAME OF FUNERAL DIRECTOR **Maurice Kirby**

ADDRESS

Winthrop, Mass

Received and filed

Sept. 2-42

19

(Registrar of City or Town where deceased resided)

should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4067

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 34 Villa Ave



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 163

2 FULL NAME George Harrison Myrick

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 34 Villa Ave.
(Usual place of abode)

St. (If nonresilient, give city or town and State)

Length of stay: In hospital or Institution... years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced Frances Duston
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 33 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 1 Months 27 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Bookkeeper (Clerk)

10 Industry or Business: Eastman Storage Co.

11 Social Security No. 031-03-7062

12 BIRTHPLACE (City) Gallao
(State or country) Peru

13 NAME OF FATHER Harrison George Myrick

14 BIRTHPLACE OF FATHER (City) Nantucket Island
(State or country) Mass.

15 MAIDEN NAME OF MOTHER McKellar Mary L

16 BIRTHPLACE OF MOTHER (City) Glasgow
(State or country) Scotland

17 Informant, George A Myrick Relation, if any
(Address) 34 Villa Ave Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 9/3/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 1 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 28 1942, to Sept 1 1942.

I last saw him alive on Sept 1 1942, death is said to have occurred on the date stated above, at 9:45 A.M.

Immediate cause of death...

Acute myocarditis 2 days

Due to...

Due to...

Other conditions Phlebitis left leg 4 days
(Include pregnancy within 3 months of death)

Major findings: Of operations...

Underline the cause to which death should be charged statistically.

Of autopsy...

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify...

(Signed) J. S. Salerno M. D.
(Address) 175 Pleasant St. Everett 1942

21 Woodlawn Crematory Everett
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept. 3 1942

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed... 1942

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 265 - River Road		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 164	
1 FULL NAME		Louise Katherine (Rogers) Simmons									
(If deceased is a married, widowed or divorced woman, give also maiden name)											
(a) Residence, No.		265 River Road									
(Usual place of abode)		Winthrop St.									
Length of stay: In hospital or institution		(Before death)		(Specify whether)		years		months		days	
										In this community 35 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX	4 COLOR OR RACE	5 SINGLE	(write the word)								
Female	White	MARRIED	Widow								
5a If married, widowed, or divorced											
HUSBAND of (Give maiden name of wife in full)											
(or) WIFE of Henry Rogers Simmons (Husband's name in full)											
6 Age of husband or wife if alive 22 years											
7 IF STILLBORN, enter that fact here.											
8 AGE 65 Years 10 Months 5 Days If less than 1 day Hours. Minutes											
9 Occupation: at home -											
10 Industry or Business: House keeping											
11 Social Security No.											
12 BIRTHPLACE (City) Boston Mass (State or country)											
13 NAME OF FATHER James Francis Rogers											
14 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)											
15 MAIDEN NAME OF MOTHER Adelia Acton											
16 BIRTHPLACE OF MOTHER (City) Boston Mass (State or country)											
17 Informant: Margaret A. Rogers (Relation, if any) (Address) Warwick Neck, R.I. (Signature)											
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:											
Wm. S. Childress (Signature of Agent of Board of Health or other)											
Health Officer (Official Designation) 9/3/42 (Date of Issue of Permit)											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH September 1 - 1942 (Month) (Day) (Year)											
19 I HEREBY CERTIFY, That I attended deceased from June 9 - 1942, to August 29, 1942											
I last saw her alive on August 29, 1942, death is said to have occurred on the date stated above, at 530 A.M.											
Immediate cause of death: Hypernephroma of											
Duration: 8 mos.											
Due to:											
Due to:											
Other conditions (include pregnancy within 3 months of death)											
Major findings: Of operations: Hypernephroma extension to renal vessels + 12											
Date of exam: June 24 - 1942											
or autopsy:											
What test confirmed diagnosis? pathological											
20 Was disease or injury in any way related to occupation of deceased? No											
If so, specify: Edward J. Frangier, M. D. (Signed) 300 Washington St. Boston, Mass. Date 9-2-1942 (Address)											
21 Place of Burial, Cremation or Repoval: Winthrop Cemetery, Winthrop, Mass. (City or Town)											
DATE OF BURIAL: September 2, 1942											
22 NAME OF FUNERAL DIRECTOR: Chas. R. Bennison											
ADDRESS: Winthrop, Mass.											
Received and filed: 19											
(Registrar)											

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Suffolk

The Commonwealth of Massachusetts

Boston

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**COPY OF
CERTIFICATE OF DEATH**

(City or town making return)

Registered No. **7274165**

PLACE OF DEATH

(County)

Boston
(City or Town)

No. **Elm Hill Rest Home 42 Elm Hill Ave** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Max Minsk**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **54 Lewis Ave** St. **Winthrop Mass**

Length of stay: In hospital or institution..... years **5** months **9** days. In this community yrs. **5** mos. **9** days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE **Married** (write the word)
MARRIED
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced **Eva Rosenberg**
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive **55** years

7 IF STILLBORN, enter that fact here.

8 AGE **55** Years Months Days If less than 1 day
Hours Minutes

9 Occupation: **Tailor**

10 Industry **For Himself**
or Business:

11 Social Security No. **none**

12 BIRTHPLACE (City) **Russia**
(State or country)

13 NAME OF FATHER **Ephriam Minsk**

14 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

15 MAIDEN NAME OF MOTHER **Bailey-----**

16 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

17 Informant **Betty Lewis** Relation, if any **daughter**
(Address)

A TRUE COPY.

ATTEST: **Francis J. Fay**
(Registrar of city or town where death occurred)

DATE FILED **Sept. 5-42** 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Sept. 2-42**
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from **June-41**, 19, to **Sept. -42**, 19

I last saw him alive on **Sept. 2-42**, 19, death is said to have occurred on the date stated above, at **11:05P** m.

Immediate cause of death **Cirrhosis of Liver** Duration **4yrs**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy What test confirmed diagnosis? **Clinical**

20 Was disease or injury in any way related to occupation of deceased?

If so, specify **Charles Liberman**
(Signed) **Winthrop, Mass** Date **9/3/19** M. D. **42**
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Liberty Progressive- Everett Mass** (City or Town)

DATE OF BURIAL **Sept. 4-42** 19

22 NAME OF FUNERAL DIRECTOR **Manuel Stanetsky**
ADDRESS **Boston, Mass**

Received and filed **Sept. 5-42** 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

forms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (40)-1-4-1-4-667

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1	Suffolk County Winthrop (City or Town) No. 48 Trident Avenue	Registered No. 166		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.) Louis Bower (a) Residence, No. 48 Trident Avenue Winthrop (Usual place of abode) (If nonresident, give city or town and State) Length of stay: In hospital or institution. No years months days. In this community 12 yrs. - mos. - days. (Before death) (Specify whether)		PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed	18 DATE OF DEATH Sept 4 1942 (Month) (Day) (Year)		
5a If married, widowed or divorced HUSBAND of Leah Leint (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY, that I attended deceased from Sept 27, 1942, to Sept 4, 1942 I last saw him alive on Sept 4, 1942, death is said to have occurred on the date stated above, at 2:20 p.m.		
6 Age of husband or wife if alive years			Immediate cause of death..... acute dilatation of heart with decapitated skin		
7 IF STILLBORN, enter that fact here.			Due to.....		
8 AGE 74 Years Months Days If less than 1 day Hours Minutes			Due to.....		
9 Occupation: Furniture Dealer			Other conditions..... (Include pregnancy within 3 months of death)		
10 Industry or Business: Retail furniture			Major findings: Of operations.....		
11 Social Security No. none			Date of.....		
12 BIRTHPLACE (City) Russia (State or country)			Of autopsy.....		
13 NAME OF FATHER Beryl Bower			What test confirmed diagnosis?.....		
14 BIRTHPLACE OF FATHER (City) Russia (State or country)			20 Was disease or injury in any way related to occupation of deceased? No If so, specify.....		
15 MAIDEN NAME OF MOTHER Passa Paisei			(Signed)..... M. D. (Address) 106 Mendon St. Date 7/4/1942		
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)			21 Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Sept. 6, 1942		
17 Informant Minerva Gordon (Relation, if any) (Address) 48 Trident Ave. Winthrop			22 NAME OF FUNERAL DIRECTOR ADDRESS 151 Washington St. Chelsea		
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) Health Officer 9/5/42 (Official Designation) (Date of Issue of Permit)			Received and filed..... 19..... (Registrar)		

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

107

BOSTON

(City or town making return)

Registered No. 7359

PLACE OF DEATH

(County)

Boston

(City or Town)

No. **The Children's Hospital**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Baby Boy Greenwood**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

22 Prescott

(a) Residence. No.

St. **Winthrop, Mass**

(Usual place of abode)

Length of stay: In hospital or institution. years months **2** days.

(Specify whether)

(If nonresident, give city or town and state)

In this community yrs. mos. **2** days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED Single	(write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			
6 Age of husband or wife if alive. years			
7 IF STILLBORN, enter that fact here.			
8 AGE. Years. Months. 2 Days. If less than 1 day Hours. Minutes			
9 Usual Occupation:			
10 Industry or Business:			
11 Social Security No.			
12 BIRTHPLACE (City) Boston (State or country) Mass			
13 NAME OF FATHER William P Greenwood			
14 BIRTHPLACE OF FATHER (City) Gardner (State or country) Mass			
15 MAIDEN NAME OF MOTHER Nancy Brown			
16 BIRTHPLACE OF MOTHER (City) Worcester (State or country) Mass			

PARENTS

17 Informant **E Brown** Relation, if any **grand father**
(Address)

A TRUE COPY.

ATTEST: **Francis J. Fay**
(Registrar of city or town where death occurred)

DATE FILED **Sept. 9-42** 19.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH. Sept. 5-42 (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from Sept. 3-42 , 19., to Sept. 5-42 , 19. I last saw him alive on Sept. 5-42 , 19., death is said to have occurred on the date stated above, at 9:43A m. Duration less than 1hr Immediate cause of death. Circulatory Collapse Due to Hydropericardium congen Due to Diaphragmatic pericardial neonia containing liver n Other conditions (Include pregnancy within 3 months of death) PHYSICIAN Major findings: Underline the cause to which death should be charged statistically. Of operations Date of Hydropericardium diaphragmatic neonia Of autopsy neonia What test confirmed diagnosis? 20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) F A DePeyster (Address) Boston Date 9/5/42 M. P 21 PLACE OF BURIAL. Rural Cem Worcester Mass CREMATION OR REMOVAL (Cemetery) (City or Town) DATE OF BURIAL Sept. 8-42 19. 22 NAME OF FUNERAL DIRECTOR George Sessions ADDRESS Worcester, Mass Received and filed Sept. 9-42 19.
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(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

BOSTON NOTIFIED

10-9-42

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No.

108

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Baby Boy Capezzuto
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
If so specify WAR)

(a) Residence, No. 7 Morris Street
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation:

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Winthrop

13 NAME OF
FATHER James Capezzuto

14 BIRTHPLACE OF
FATHER (City) East Boston, Mass.
(State or country)

15 MAIDEN NAME Mary Sagro
OF MOTHER Angelina Morotti

16 BIRTHPLACE OF
MOTHER (City) Boston
(State or country) Italy Mass.

17 Informant James Capezzuto (Relation, if any)
(Address) 7 Morris Street East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chilcress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/9/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 6 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 6 19 to Sept 6 1942

I last saw him alive on , 19 , death is said to

have occurred on the date stated above, at m.

Immediate cause of death. Duration IMPORTANT

Stillborn

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations. Physician

Date of Underline the cause to which death should be charged etiologically.

Of autopsy.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) St. Michael's M. D.
(Address) 235 Morris St. Date 9/9/42

21 St. Michael's Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Sept. 9 1942

22 NAME OF FUNERAL DIRECTOR Roby Sagro
ADDRESS 9 Chelsea Street East Boston

Received and filed. 9/14/42 19

(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. See instructions and terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

per Mr. Rapino 10-6-42 + per Brit. Cons.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. **169**

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Baby Boy Capezzuto
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 7 Morris Street
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ year _____ month _____ day. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE _____ Years _____ Months _____ Days If less than 1 day
Hours _____ Minutes

9 Occupation: _____

10 Industry or Business: _____

11 Social Security No. _____

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

13 NAME OF FATHER James Capezzuto

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Mary Lago
Angelina Moratto

16 BIRTHPLACE OF MOTHER (City) E. Boston
(State or country) Italy Mass.

17 Informant James Capezzuto (Relation, if any)
(Address) 7 Morris St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 6, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept. 5, 1942, to Sept. 6, 1942

I last saw him alive on _____, 19____, death is said to

have occurred on the date stated above, at _____ m.

Immediate cause of death _____ Duration
IMPORTANT

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) IMPORTANT

Major findings: _____ Physician
Of operations _____

_____ Date of _____

Of autopsy _____

What test confirmed diagnosis? _____ Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) _____ M. D.

(Address) 331 Massachusetts Ave. Date Sept. 9, 1942

21 St. Michael Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept. 9, 1942

22 NAME OF FUNERAL DIRECTOR Baby Lago

ADDRESS 9 Chelsea Street East Boston

Received and filed _____ 19____

(Registrar)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and
extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

rev. Mr. Rapino 10-6-42 + Birth Cert.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk
(County)
Wenthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *120*

No. *469* *Wenthrop St.* (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Feresa Laura (Mullen) Russell* (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR.)

(a) Residence, No. *469 Wenthrop St.* St. *Wenthrop* (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community *4* yrs. — mos. — days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Married*
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of *George A Russell* (Give maiden name of wife in full)
(or) WIFE of *George A Russell* (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE *64* Years Months Days If less than 1 day Hours Minutes

Usual Occupation: *Home*

Industry or Business:

11 Social Security No. *Weymouth Mass*

12 BIRTHPLACE (City) (State or country)

13 NAME OF FATHER *Unknown*

14 BIRTHPLACE OF FATHER (City) (State or country) *Maine*

15 MAIDEN NAME OF MOTHER *Unknown*

16 BIRTHPLACE OF MOTHER (City) (State or country) *Maine*

17 Informant *Charles Nelson (son)* Relation, if any (Address) *469 Wenthrop St.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *9/9/42* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Sept 6, 1942* (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *July 20, 1942* to *Sept 6, 1942*

I last saw her alive on *Sept 5, 1942*, death is said to have occurred on the date stated above, at *4* a.m.

Immediate cause of death..... Duration IMPORTANT

Terminal Pneumonia *Aug 20, 1942*

Due to *Cellulitis face* *Aug 25, 1942*

Due to *Chronic Myocarditis* *1936*

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations..... Date of.....
Of autopsy..... *Clinical Exam*
What test confirmed diagnosis? *Clinical Exam*

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *George E. Schaff* M. D. (Address) *Wenthrop* Date *Sept 6, 1942*

21 *Wenthrop* *Wenthrop* Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL *Sept 9, 1942*

22 NAME OF FUNERAL DIRECTOR *Ruby Bros.* ADDRESS *210 Wenthrop St. Wenthrop*

Received and filed..... 19.....

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom from a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

RULES OF PRACTICE

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 5 Ingleside Ave

St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine C. Bethell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

5 Ingleside Ave

St.

(a) Residence. No.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

years

months

days.

In this community 15 yrs. - mos. - days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Cecil C. Bethell

(Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 4 Months 16 Days If less than 1 day

9 Occupation: Usual Housewife

10 Industry: At Home

or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Round Bay

(State or country)

Nova Scotia

13 NAME OF FATHER Wyman Hagar

14 BIRTHPLACE OF FATHER (City) Cannot be learned

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER Sarah Perry

16 BIRTHPLACE OF MOTHER (City) Cannot be learned

(State or country)

Nova Scotia

17 Informant Mrs Thelma Cole Relation, if any Daughter

(Address) 5 Ingleside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chilley

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit) 9/8/42

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 171

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Sept

7

1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from March 15, 1942, to September 7, 1942

I last saw her alive on Sept. 2, 1942, death is said to have occurred on the date stated above, at 5:00 P. m.

Immediate cause of death

Duration
IMPORTANT

Respiratory Failure 48hr.

Due to Carcinoma of colon 5 yr.

Due to metastasis to liver and lung.

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Underline
the cause to
which death
should be
charged sta-
tistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Robert K. Gordon

M. D.

(Address)

Winthrop

Date

9/7/1942

21 North West Harbor N. S. Canada

Place of Burial, Cremation or Removal.

(City or Town)

DATE OF BURIAL September 11 1942

19

22 NAME OF FUNERAL DIRECTOR Charles B. Watson

ADDRESS 11 Magazine St. Cambridge

Received and filed 19

(Registrar)

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointing and issuing such permits. If there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in the case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45. G. L. (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board of health, of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal or electric agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Ask each person in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-1-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 172

1 { PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)



No. 44 Locust St

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Philip Golditch
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 44 Locust
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 17 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced Goldie Koltunsky
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Pants Presser

Industry
10 or Business: Men's Clothing

11 Social Security No. 020-12-2694A

12 BIRTHPLACE (City)
(State or country) Russia

13 NAME OF
FATHER Ralph Golditch

14 BIRTHPLACE OF
FATHER (City)
(State or country) Russia

15 MAIDEN NAME
OF MOTHER Rita (Unknown)

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Russia

17 Informant Goldie Golditch (Relation, if any)
(Address) 44 Locust St. Winthrop (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent Sept. 10, 1942
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 9 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from
July 15 1942 to September 9 1942

I last saw him alive on Sept 9, 1942 death is said to
have occurred on the date stated above, at 6 P m.

Immediate cause of death Carcinoma of Prostate Duration
July 1941 IMPORTANT

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) IMPORTANT

Major findings: Carcinoma of Prostate Physician
Of operations (Dr. Bert Brigham) Date of July 1942
Underline the cause to which death should be charged statistically.

Of autopsy none

What test confirmed diagnosis Pathological findings

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Samuel H. O'Brien M. D.
(Address) Winthrop Date Sept. 9, 1942

21 Mr. Lebaron Kennika Cem. West Rox.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Sept. 10 1942

22 NAME OF FUNERAL DIRECTOR Jacob H. Levine
ADDRESS 394 Washington St. Dorchester

Received and filed SEP 10 1942 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive, and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Torcentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiner shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 7649

PLACE OF DEATH

(County)

Boston
(City or Town)

No. 330 Brookline Ave St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry L. Herman
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 42 Tileston Rd St.

Winthrop

Length of stay: In hospital or institution years months days. (Specify whether)
In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED married (write the word)

5a If married, widowed, or divorced Fannie Brams
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation:

salesman - retired

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) England
(State or country)

13 NAME OF FATHER Meyer Herman

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Anna Goldstein

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant Wm Herman Relation, if any
(Address) son

A TRUE COPY.

ATTEST: (Registrar or town where death occurred)

DATE FILED 9/21/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 16 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 9/16/42, 19, to 9/16/42, 19.

I last saw him alive on 9/16/42, 19, death is said to have occurred on the date stated above, at 8 P.m. Duration

Immediate cause of death: arteriosclerotic heart disease 2 yrs
Due to congestive heart failure 3 yrsDue to
Other conditions (Include pregnancy within 3 months of death) PHYSICIANMajor findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W Pick
(Address) Boston Date 9/16/19 4221 PLACE OF BURIAL, CREMATION OR REMOVAL Pride of Brockton
(Cemetery) Brookline
DATE OF BURIAL Sept 17 1942 1922 NAME OF FUNERAL DIRECTOR H Levine
ADDRESS Brookline

Received and Filed 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39, No. 8427-4



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39, No. 8427-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON
(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 7699

PLACE OF DEATH

SUFFOLK
(County)
BOSTON



(City or Town)

No. Charles St Jail

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frederick W Cassely

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) Spanish

(a) Residence. No.

289 Pleasant

St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)
male white MARRIED single
WIDOWED
or DIVORCED

6a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: mechanic

10 Industry or Business: Boston El RR

11 Social Security No.

12 BIRTHPLACE (City) New Brunswick
(State or country)

13 NAME OF FATHER Patrick Cassely

14 BIRTHPLACE OF FATHER (City)
(State or country)

N B

15 MAIDEN NAME OF MOTHER Margaret Cregan

16 BIRTHPLACE OF MOTHER (City)
(State or country)

Ireland

17 Informant Mary L Murray Relation, if any
(Address) sister

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

9/21/42

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 17 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute cardiac failure- Coronary occlusion with myocardial infarction

General arteriosclerosis

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did Injury occur?

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy? YES

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W H Watters

(Address)

Boston

Date 9/18/19 M. 42

22 Place of Burial, Cremation or Removal Holy Cross Malden
(City or Town)

DATE OF BURIAL Sept 19 1942 19

23 NAME OF FUNERAL DIRECTOR D F O'Brien
ADDRESS Cambridge

Received and filed OCT 6 1942 19

(Registrar of City or Town where deceased resided)

AGENCY should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **175**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
Winthrop Community Hospital
No. _____ St. _____

{ If death occurred in a hospital or institution,
give its NAME instead of street and number }

2 FULL NAME John Nathan Cone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 63 Harbor View Ave.
(Usual place of abode)

St. _____
(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 6 days. In this community 12 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married
5a If married, widowed or divorced HUSBAND of Elizabeth Knox
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)
6 Age of husband or wife if alive 46 years
7 IF STILLBORN, enter that fact here.
8 AGE 44 Years 4 Months 2 Days | If less than 1 day Hours Minutes

Usual Occupation: Engineer

Industry or Business: Marine

11 Social Security No. 014-14-4406

12 BIRTHPLACE (City) Lake City
(State or country) Florida

13 NAME OF FATHER Charles W Cone

14 BIRTHPLACE OF FATHER (City) Florida
(State or country)

15 MAIDEN NAME OF MOTHER Sarah J Bryan

16 BIRTHPLACE OF MOTHER (City) Florida
(State or country)

17 Informant Elizabeth Cone (Address) 63 Harbor View Ave. (Winthrop)
Relation, if any Wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

140 Sept 19/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 17 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1942, to Sept. 17, 1942
I last saw him alive on Sept. 17, 1942 death is said to have occurred on the date stated above, at 7:30 p.m.

Immediate cause of death Mesenteric Thrombosis Duration 6 days
IMPORTANT

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Mesenteric Thrombosis Physician
Of operations _____

Date of Sept 17, 1942 Underline the cause to which death should be charged statistically.

Of autopsy _____

What test confirmed diagnosis? Operation

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) H. O. Jones M. D.
(Address) Winthrop Date Sept 17, 1942

21 Place of Burial, Cremation or Removal Winthrop (City or Town)
DATE OF BURIAL September 20 1942

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed _____ 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer, shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 33, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (J)-1-41-4067

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 176

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 65 Summit Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Richard T. Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 63 Summit Ave
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution years months days. In this community 15 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed or divorced
HUSBAND of Eleanor M. Barter
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 27 years

7 IF STILLBORN, enter that fact here.

8 AGE 28 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Toolmaker

10 Industry or Business: Defence

11 Social Security No. 030-09-4125

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

13 NAME OF FATHER James J. Kelly

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Mary C. Whiteley

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

17 Informant James Kelly (Relation, if any)
(Address) 112 Herman St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. A. Childress
(Signature of Agent of Board of Health or other)

H. S. Sept 22/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 20 1942.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
June 14, 1942, to September 19, 1942.

I last saw him alive on September 19, 1942, death is said to
have occurred on the date stated above, at 4:30 p.m.

Immediate cause of death Carcinoma - Appendix, Colon, Liver
4125

Due to Duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Carcinoma - Appendix - Colon, Liver IMPORTANT
Of operations Physician
Of autopsy Underline the cause to which death should be charged statistically.
What test confirmed diagnosis? Pathological

20 Was disease or injury in any way related to occupation of deceased? NA
If so, specify

(Signed) Edward J. Frank 23 M. D.
(Address) 200 Washington Ave Date Feb 23, 1942

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 23, 1942

22 NAME OF FUNERAL DIRECTOR John F. O'Neale
ADDRESS Winthrop

Received and filed , 1942

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

100m (J)-1-41-4667

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

per Mr. Reynolds

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

127

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 217 Pleasant St.

St. { If death occurred in a hospital or institution,
give its NAME instead of street and number }

2 FULL NAME Vincent J Balkam
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran Spanish
if so specify WAR)

(a) Residence, No. 217 Pleasant
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED Married

5a If married, widowed, or divorced Mabelle G Simpson
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 2 Months 17 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Commission Merchant (Retired)

10 Industry or Business: Fruit & Produce

11 Social Security No. 011-10-9467

12 BIRTHPLACE (City) St. Stephens
(State or country) New Brunswick

13 NAME OF FATHER William Henry Balkam

14 BIRTHPLACE OF FATHER (City) Robbinston
(State or country) Maine

15 MAIDEN NAME OF MOTHER Sarah Morang

16 BIRTHPLACE OF MOTHER (City) Lubec
(State or country) Maine

17 Informant Mabelle Balkam (Relationship if any)
(Address) 217 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 21 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw him alive on 19, death is said to

have occurred on the date stated above, at 5 A.M.
Immediate cause of death: Coronary infarct

Duration
IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations

Physician

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) (Address) Date 10-11-1942

21 Vine Lake Medfield Mass
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 23 1942

22 NAME OF FUNERAL DIRECTOR Howard J. Reynolds

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker, desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make one entry in this section for every person aged 1 year and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d).1-41-4067

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **178**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude (Simons) Pilling
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 109 Buchanan St.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution Hospital - years - months 13 days. In this community 37 yrs. - mos. - days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of Alfred (Give maiden name of wife in full)
(or) WIFE of Gertrude (Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 9 Months 8 Days | If less than 1 day Hours Minutes

Usual Occupation: At home

Industry or Business: -

11 Social Security No. -

12 BIRTHPLACE (City) England
(State or country)

13 NAME OF FATHER John Simons

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Kate Metheringham

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant Alfred J. Pilling (Relation if any) Husband
(Address) 109 Buchanan St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 23 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1942, to Sept 23, 1942.

I last saw him alive on Sept 23, 1942 death is said to have occurred on the date stated above, at 1:15 P. M.

Immediate cause of death: Uremia Duration IMPORTANT 18 days

Due to Acute Scholastic Kidney Disease 3 years +

Due to Diabetes Mellitus 4 years +

Other conditions: -

(Include pregnancy within 3 months of death)

Major findings: -

Of operations: -

Date of: -

Of autopsy: -

What test confirmed diagnosis? Chemical

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify: -

(Signed) Charles R. Bennison M. D.

(Address) 148 Winthrop St W Date Sept 23, 1942

21 Place of Burial, Cremation or Removal. Winthrop Cemetery Winthrop

DATE OF BURIAL September 25, 1942 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed. 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4607

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

179

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 149 Shore Drive



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Sarah Schwantzman Bayer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 149 Shore Drive
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In hospital or Institution
(Before death) (Specify whether)

years

months

days.

In this community 13 yrs. mo. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Abraham H. Bayer
(Give maiden name of wife if full)
(Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days | If less than 1 day
Hours Minutes

9 Occupation: Housework

10 Industry or Business: at home

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Russia

13 NAME OF FATHER Charles Schwantzman

14 BIRTHPLACE OF FATHER (City)
(State or country) Russia

15 MAIDEN NAME OF MOTHER Leah Zimmerman

16 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

17 Informant Abraham H. Bayer
(Address) 149 Shore Drive Winthrop
(Relation if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation) (Date of Issue of Permit) 9/29/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 29 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
January 29, 1938, to September 29, 1942

I last saw her alive on Sept. 29, 1942, death is said to
have occurred on the date stated above, at 10:54 a.m.

Immediate cause of death

Acute Coronary Thrombosis

Duration

1 mo

Due to Angina Pectoris

5 mos

Due to Chronic Bronchitis

4 yrs.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy none

What test confirmed diagnosis? Clinical & lab

20 Was disease or injury in any way related to occupation of deceased? No

(Signed) Jacob A. Marcus M. D.
(Address) 302 Shirley St. Date Sept 29, 1942

21 Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Sept 30 1942

22 NAME OF FUNERAL DIRECTOR Samuel Stanley
ADDRESS 10 Washington St. Dorchester

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physiolan or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physiolans will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

GOVERNING THE

A physician or sistered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . .

Gen. Laws, Chap. 46, Sec. 9.

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Danvers

(City or town making return)

181

Registered No.

1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Joseph Greeley

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 25 Lincoln Ter.

St. Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution.
(Before death) (Specify whether)

years months 6 days. In this community yrs. mos. days.

{ (If U. S.
War Veteran,
specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED single
or DIVORCED5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 37 Years Months Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Letter carrier10 Industry
or Business: cannot be learned

11 Social Security No.

12 BIRTHPLACE (City) Chelsea
(State or country)13 NAME OF FATHER Chelsea
John Greeley14 BIRTHPLACE OF FATHER (City) U.S.A.
(State or country)

15 MAIDEN NAME OF MOTHER Alice ----

16 BIRTHPLACE OF MOTHER (City) cannot be learned
(State or country)17 Informant Mary K. McPhillips (Relation, if any)
(Address) DSH

A TRUE COPY.

ATTEST: *Attest Charles*
(Register of City or town where death occurred)

DATE FILED 9/15/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sep. 5, 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Aug. 30, 1942 to Sep. 5, 1942
I last saw him alive on Sep. 5, 1942 death is said to
have occurred on the date stated above, at 8:35 a.m. DurationImmediate cause of death
Delirium Tremens 6 days
Lobar Pneumonia 3 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Date of

Of autopsy clinically

What test confirmed diagnosis? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify
(Signed) Melvin Goodman M. D.

(Address) DSH Date 9/11/1942

21 PLACE OF BURIAL, St. Mary's Boston
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL 9/8/42 19

22 NAME OF FUNERAL DIRECTOR John F. O'Brien & Sons
ADDRESS S. Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

PLACE OF DEATH

Supple
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 82

1 FULL NAME John A. Hewitt St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John A. Hewitt (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence No. 72 Prospect Ave Winthrop St. (If nonresident, give city or town and state)
Length of stay: In hospital or institution Hospital - years - months 10 days. In this community 20 yrs. - mos. - days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Mary Ann Brown (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive Deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 86 Years - Months - Days If less than 1 day Hours Minutes

9 Usual Occupation Retired

10 Industry or Business Cabinet maker

11 Social Security No. none

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Unknown Hewitt

14 BIRTHPLACE OF FATHER (City) Unknown (State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)

17 Informant Lawrence Hewitt (Son) (Address) 72 Prospect Ave Winthrop Relation, if any (Son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress (Signature of Agent of Board of Health or other)

Health Officer 10/2/42 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct - 1 - 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

arterio Sclerotic Heart Disease
Fractured Rt. Humerus
Colles Fracture Left

20 Accident, suicide, or homicide (specify) accidental Date of occurrence Sept. 15 1942

Where did Injury occur? Winthrop (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

Manner of Injury Fell accidentally on stairs at

Nature of Injury Winthrop on Sept 15 1942

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify J. M. J. Buckley (Signed) M. D.

(Address) Boston Date Oct 1 - 1942

22 Holy Cross Malden (City or Town)

Place of Burial, Cremation or Removal

DATE OF BURIAL October 3 1942

23 NAME OF FUNERAL DIRECTOR R. C. Kirby

ADDRESS 17 Bennington St Boston

Received and filed. 1942

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 183

1 PLACE OF DEATH { Suffolk (County)
Winthrop (City or Town)
No. 19 - Coral Ave. St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Samuel Bloomfield { (Was deceased a U. S. War Veteran,
(If deceased is a married, widowed or divorced woman give also maiden name.) if so specify - WAR) No

(a) Residence, No. 19 - Coral Ave. St. Winthrop (If nonresident, give city or town and State)

(Usual place of abode)

Length of stay: In hospital or Institution _____ years _____ months _____ days. In this community 2 yrs. - mos. - days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Married
MARRIED
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced HUSBAND of Bessie Miller
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 years - Months - Days | If less than 1 day Hours - Minutes

9 Usual Occupation: Jeweler

10 Industry or Business: For himself

11 Social Security No. _____

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Simon Bloomfield

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Sophie Carmath

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant: Bessie Bloomfield Relation, if any Wife
(Address) 19 - Coral Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Caldwell
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 10/3/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 3, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 18, 1942 to October 3, 1942
last saw him alive on October 3, 1942, death is said to have occurred on the date stated above, at 3:30 A. m.

Immediate cause of death: Acute Coronary Thrombosis Duration 4 hours
IMPORTANT

Due to Angina Pectoris 9 mos

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
of operations: none Physician none

Date of _____

Of autopsy: none

What test confirmed diagnosis? clinical & lab

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Jacob Abrams MD Date Oct 3, 1942
(Address) 62 Shirley St.

21 Place of Burial, Cremation or Removal (City or Town) W. H. H. H.

DATE OF BURIAL Oct 4, 1942

22 NAME OF FUNERAL DIRECTOR Name Stone
ADDRESS 10 - Wash St.

Received and filed _____ 19 _____

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. **As principal cause name the disease causing death.** As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—This statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. 170 Cliff Avenue		STANDARD CERTIFICATE OF DEATH		To be filed for burial permit with Board of Health or its Agent.	
1								SL (If death occurred in a hospital or institution, give its NAME instead of street and number)		Registered No. 184	
2 FULL NAME		Mrs. Florence Mary Burnett		(If deceased is a married, widowed or divorced woman, give also maiden name.)				PHYSICIAN - IMPORTANT		(Was deceased a U. S. War Veteran, if so specify WAR)	
(a) Residence, No.		170 Cliff Avenue		St.				(If nonresident, give city or town and State)			
Length of stay: In hospital or Institution		(Before death)		(Specify whether)		years months days		In this community		3 yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX		4 COLOR OR RACE		5 SINGLE (write the word)		MARRIED		18 DATE OF DEATH		October 6 1942	
Female		White		Married		WIDOWED		(Month)		(Day) (Year)	
5a If married, widowed, or divorced		HUSBAND of		Frederick P. Burnett		(Give maiden name of wife in full)		19 I HEREBY CERTIFY, That I attended deceased from		August 15 1942 to October 6 1942	
(or) WIFE of				(Husband's name in full)				I last saw her alive on		October 6 1942	
6 Age of husband or wife if alive		52		years				have occurred on the date stated above, at		P. M.	
7 IF STILLBORN, enter that fact here.								Immediate cause of death		Carcinoma of uterus	
8 AGE		52 Years 0 Months 0 Days		If less than 1 day		Hours Minutes		Due to		Cerebral Hemorrhage	
Usual Occupation:		House Wife						Due to			
Industry								Other conditions		none	
10 or Business:								(Include pregnancy within 3 months of death)		IMPORTANT	
11 Social Security No.								Major findings:		Carcinoma of uterus	
12 BIRTHPLACE (City)		Braintree		Massachusetts				Of operation		Mass. General Hosp. Date of Sept. 26/42	
(State or country)								Of autopsy		none	
13 NAME OF FATHER		Otto W. Peterson						What test confirmed diagnosis?		clinical & lab	
14 BIRTHPLACE OF FATHER (City)		Denmark						20 Was disease or injury in any way related to occupation of deceased?		No	
(State or country)								If so, specify		Jacob J. Hansen M. D.	
15 MAIDEN NAME OF MOTHER		Cora Bailey						(Signed)		Date 10/6/42	
16 BIRTHPLACE OF MOTHER (City)		Wicasset		Maine				(Address)		802-120-11-19	
(State or country)								21		Pond Street Cemetery, Braintree	
17		Clifford C. Walker		Relation, if any		Son in law		Place of Burial, Cremation or Removal		(City or Town)	
Informant (Address)		170 Cliff Av. Winthrop						DATE OF BURIAL		October 8 1942	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:								22 NAME OF FUNERAL DIRECTOR		Mortimer M. Peck	
(Signature of Agent of Board of Health or other)								ADDRESS		Braintree, Massachusetts	
Health Officer								Received and filed		19	
(Official Designation)										(Registrar)	

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causea death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

Medford notified 11/9/42

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 185

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME Baby Boy Meoli
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 8 Orchard St.
(Usual place of abode)

St. Medford
(If nonresident, give city or town and State)

Length of stay: In hospital or Institution. years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation:

Industry
10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Winthrop

13 NAME OF
FATHER Anthony Meoli

14 BIRTHPLACE OF
FATHER (City)
(State or country) Boston

15 MAIDEN NAME
OF MOTHER Elvira Prudenti

16 BIRTHPLACE OF
MOTHER (City)
(State or country) Boston

17 Informant Anthony Meoli (Relationship if any)
(Address) 8 Orchard St. Medford

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/9/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 6 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended/deceased from
Oct 6, 1942, to Oct 6/42

I last saw him alive on 19, death is said to

have occurred on the date stated above, at m.

Immediate cause of death Duration
IMPORTANT

Due to Stillborn

Due to

Other conditions
(Include pregnancy within 3 months of death) IMPORTANT

Major findings:
Of operations Physician

Of autopsy Underline
the cause to
which death
should be
charged statistically.

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) 231 Market St. Date 10/7 1942

21 St. Michael Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Oct. 9 1942

22 NAME OF
FUNERAL DIRECTOR Baby Meoli
ADDRESS 9 Chelsea St. East Boston

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-aix, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

186

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 125 Cliff Ave.



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary Kohler Crosby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. 17 Irwin St.
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution. years months days. In this community 1 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George Crosby
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 4 Months 23 Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: At Home

10 Industry or Business: Housewife

11 Social Security No. None

12 BIRTHPLACE (City) San Francisco
(State or country) Calif.

13 NAME OF FATHER Joseph Kohler

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

15 MAIDEN NAME OF MOTHER Anastasia East

16 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

17 Informant Helen Kohler (Relation, if any)
(Address) 17 Irwin St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 10/8/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 7 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Aug 1, 1942, to Oct 7, 1942.

I last saw her alive on Oct 7, 1942, death is said to
have occurred on the date stated above, at 4:50 P. M.

Immediate cause of death Pulmonary Edema
Duration IMPORTANT 3 days

Due to Chronic Myocarditis

Due to Ext. sclerosis

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death) 1 week

Left Hemiplegia
Major findings: Hemiparesis
Of operations: Physician IMPORTANT

Date of
Of autopsy
What test confirmed diagnosis? Clinical
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Richard J. White, M. D.
(Address) 148 Winthrop St. Date 10/8, 1942

21 St. Mary's in Quincy, Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct. 9, 1942 19

22 NAME OF FUNERAL DIRECTOR Richard J. White
ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent	
1	PLACE OF DEATH	Winthrop (City or Town)	STANDARD CERTIFICATE OF DEATH		Registered No. 207
	No. 104 Highland Ave.	(Mrs. Fisher's Rest Home)		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2	FULL NAME	Benjamin F Pearce		PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
	(If deceased is a married, widowed or divorced woman, give also maiden name.)	65 Loring Rd.		(If nonresident, give city or town and State)	
	(a) Residence, No.	Rest Home		St.	
	(Usual place of abode)	Institution		(If nonresident, give city or town and State)	
	Length of stay: In hospital or Institution	years — months — days		In this community 12 yrs. — mos. — days.	
	(Before death)	(Specify whether)			
PERSONAL AND STATISTICAL PARTICULARS					
3	SEX	4	COLOR OR RACE	5	SINGLE (write the word) MARRIED WIDOWED or DIVORCED
	Male		White		Married
5a	If married, widowed, or divorced	Grace (Nash) Pearce			
	HUSBAND of	(Give maiden name of wife in full)			
	(or) WIFE of	(Husband's name in full)			
6	Age of husband or wife if alive	69 years			
7	IF STILLBORN, enter that fact here.				
8	AGE	04 Years 4 Months 7 Days If less than 1 day Hours — Minutes			
9	Usual Occupation:	Plumber (Retired)			
10	Industry or Business:	Own Business			
11	Social Security No.	None			
12	BIRTHPLACE (City) (State or country)	Boston Mass.			
PARENTS	13	NAME OF FATHER	Edward Pearce		
	14	BIRTHPLACE OF FATHER (City) (State or country)	Provincetown Mass.		
	15	MAIDEN NAME OF MOTHER	Marianna F Park		
	16	BIRTHPLACE OF MOTHER (City) (State or country)	Boston Mass.		
17	Informant	Grace Pearce		Relation, if any	
	(Address)	65 Loring Rd. Winthrop Mass.			
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
(Signature of Agent of Board of Health or other)					
Health Officer 10/9/42					
(Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18	DATE OF DEATH	Oct 8 1942 (Month) (Day) (Year)			
19	I HEREBY CERTIFY, That I attended deceased from	Oct 1, 1942, to Oct 8, 1942			
	I last saw him alive on	Oct 8, 1942 death is said to have occurred on the date stated above, at 9:10 P.m.			
	Immediate cause of death	Uremia			
	Due to	Hypertensive Heart Disease			
	Due to	P.t. Sclerosis			
	Other conditions	(Include pregnancy within 3 months of death)			
	Major findings:	Date of			
	Of operations				
	Of autopsy				
	What test confirmed diagnosis?	Clinical			
20	Was disease or injury in any way related to occupation of deceased?	No			
	If so, specify	Richard M. M. D.			
	(Signed)	(Address) 48 W. 1st St. Date 10/9 1942			
21	Place of Burial, Cremation or Removal	Church Hill Address Maine			
	DATE OF BURIAL	OCT. 12 1942			
22	NAME OF FUNERAL DIRECTOR	Howard S. Reynolds			
	ADDRESS	Winthrop Mass.			
Received and filed 19					
(Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine Insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. _____

1 PLACE OF DEATH Suffolk County
Winthrop (City or Town)
No. 70 Moore St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Chester Sargent Walker (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 70 Moore St. (If nonresident, give city or town and State)
(Usual place of abode) (Specify whether)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 7 yrs. _____ mos. _____ days.
(Before death)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Lillian H. Stewart (Give maiden name of wife in full)
(or) WIFE of _____ (Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years 6 Months 26 Days If less than 1 day
Hours _____ Minutes _____

Usual Occupation: Chemical Salesman

10 Industry or Business: Dyes & Chemicals

11 Social Security No. 023-09-9827

12 BIRTHPLACE (City) Chelsea Mass.
(State or country)

13 NAME OF FATHER James Walker

14 BIRTHPLACE OF FATHER (City) N. Y. N. Y.
(State or country)

15 MAIDEN NAME OF MOTHER Adelaid Link

16 BIRTHPLACE OF MOTHER (City) Providence
(State or country) R. I.

17 Informant Lillian Walker Relationship Wife
(Address) 70 Moore St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death has
been filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer 18/10/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 9 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Oct 5, 1942, to Oct 9, 1942

I last saw him alive on Oct 9, 1942, death is said to
have occurred on the date stated above, at 10:30 A. m.

Immediate cause of death Coronary Thrombosis Duration 10 days

Due to Hypertensive Heart Dis. yes

Due to Ant. Sclerosis yes

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Date of _____

Of autopsy _____

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Richard McIntosh, M. D.
(Address) 48 W. 5th St. Boston Date 10/10 1942

21 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Oct 15 1942

22 NAME OF FUNERAL DIRECTOR Charles F. Wicker
ADDRESS 26 Adams St. Quincy Mass.

Received and filed Quincy Mass.
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. **68 Freeman Street**

2 FULL NAME **Emily Elizabeth Taylor**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **68 Freeman Street** St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community **21** yrs. _____ mos. _____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** **4 COLOR OR RACE** **White** **5 SINGLE** (write the word)
MARRIED
WIDOWED
or DIVORCED **Single**

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)

(or) **WIFE** of _____
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE **75** Years **2** Months _____ Days | If less than 1 day
Hours _____ Minutes

Usual
9 Occupation: **Housework**

Industry
10 or Business: **Own Home**

11 Social Security No. **None**

12 BIRTHPLACE (City) **Bedford**
(State or country) **New Hampshire**

PARENTS

13 NAME OF FATHER **Henry Taylor**

14 BIRTHPLACE OF FATHER (City) **Africa**
(State or country)

15 MAIDEN NAME OF MOTHER **Julia Ann Moore**

16 BIRTHPLACE OF MOTHER (City) **Salem**
(State or country) **Mass.**

17 Informant **Julia Ann Taylor** (Sister if any)
(Address) **68 Freeman St Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health of other) **Wm. S. Childress**
Health Officer **10/13/42**
(Official Designation) (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **129**

St. _____ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **October 10 1942**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan. 1 1942, to **October 10 1942**

I last saw h. **21** alive on **October 9 1942** death is said to
have occurred on the date stated above, at **3-30 A.** m.

Immediate cause of death. _____ Duration

Carcinoma of Intestines - 1 yr. **IMPORTANT**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____ **Physician**

_____ Date of _____

Of autopsy _____

What test confirmed diagnosis? _____

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) **Edward J. Franzen** M. D.
(Address) **200 Washington** Date **Oct. 13 1942**

21 **Woodlawn Cemetery** **Everett**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **October 13 1942**

22 NAME OF FUNERAL DIRECTOR **Howard S. Reynolds**
ADDRESS **Winthrop Mass.**

Received and filed. **19**

(Registrar)

RETURN OF CERTIFICATES OF DEATH

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. C. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 33, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths sup-
posably due to injury. These include not only deaths caused directly or in-
 directly by traumatism (including resulting septicemia), and by the action
 of chemical (drugs or poisons), thermal, or electrical agents, and deaths
 following abortion, but also deaths from disease resulting from injury or
 infection related to occupation, the sudden deaths of persons not disabled
 by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 1 year and over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-E-2-42-BB55

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 150

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lawrence Joseph Kincaid (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 205 Somerset Ave St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: in hospital or institution Hospital years 1 months 7 days. (Before death) (Specify whether) In this community 5 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

5a If married, widowed, or divorced Helen A. Murphy (Give maiden name of wife in full) (or) WIFE OF (Husband's name in full)

6 Age of husband or wife if alive 31 years

7 IF STILLBORN, enter that fact here.

8 AGE 33 Years — Months — Days | If less than 1 day Hours Minutes

Usual 9 Occupation: upholsterer

Industry 10 or Business: upholstery

11 Social Security No. 012-12-4373

12 BIRTHPLACE (City) East Boston (State or country) Mass.

13 NAME OF FATHER George E. Kincaid

14 BIRTHPLACE OF FATHER (City) Somerville (State or country) Mass.

15 MAIDEN NAME OF MOTHER Mary S. Powers

16 BIRTHPLACE OF MOTHER (City) Cambridge (State or country) Mass.

17 Informant: Helen A. Kincaid (Address) 205 Somerset Ave, Winthrop (Relation if any) wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer (Official Designation) (Date of Issue of Permit) 10/13/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 13 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1942, to Oct 13, 1942. I last saw him alive on Oct 13, 1942. death is said to have occurred on the date stated above, at 7:22 P.M.

Immediate cause of death.

Granulocytosis agranulocytosis

Due to

Due to

Other conditions. Gangrenous ulcers (Include pregnancy within 6 months of death)

Major findings: Of operations.

Date of

Of autopsy.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) M. J. Kelly M. D. (Address) 11 Meridian St., Boston Date 10/14/42

21 Place of Burial, Cremation or Removal Winthrop Winthrop (City or Town)

DATE OF BURIAL October 16, 1942

22 NAME OF FUNERAL DIRECTOR M. J. Kelly ADDRESS 11 Meridian St., Boston

Resolved and filed. 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100M-E-2-4-2-BB55

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

93 Grovers Avenue

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME

Clarence Orrin Case

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

93 Grovers Ave

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

(Specify whether)

years

months

days

In this community / 2 yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
OR DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

Anna L. Bessick

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

48 years

7 IF STILLBORN, enter that fact here.

8

AGE

64

Years

7

Months

22

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation

Wholesale Flour Dealer

Industry

10 or Business

Flour

11 Social Security No.

None

12 BIRTHPLACE (City)

(State or country)

Horseneads, N. Y.

13 NAME OF FATHER

Charles P. Case

14 BIRTHPLACE OF FATHER (City)

(State or country)

Unknown N. Y.

15 MAIDEN NAME OF MOTHER

Anna L. Sykes

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Unknown N. Y.

17

Informant

(Address)

Anna L. Case 93 Grovers Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October 14, 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That, attended deceased from

November 9, 1941, to October 14, 1942

I last saw him alive on October 14, 1942, death is said to

have occurred on the date stated above, at 11:30 A.M.

Immediate cause of death

Acute Coronary Thrombosis

Duration

2 hours

Due to

Rheumatic Heart Disease

2 years

Due to

Chronic Interstitial Nephritis

2 years

Other conditions

(Include pregnancy within 3 months of death)

Conjunctive Failure

1 year

Major findings:

Of operations

none

Physician

Underline the cause to which death should be charged statistically

Of autopsy

What test confirmed diagnosis

none

Chemical Lab

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

Jacob Abrahamson M.D.

(Address)

502 Elm St. Boston

Date

9/14/42

21 Place of Burial, Crematorium, Cemetery, City or Town

DATE OF BURIAL Oct 18, 1942

22 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons

ADDRESS Boston, Mass. D.W.P.

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

700m-10-39, No. 8427-d

1 PLACE OF DEATH *Suffolk* County
Winthrop (City or Town)
No. *Winthrop Community Hospital* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mary Sheridan* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *27 Moore St* St. *East Boston* (If nonresident, give city or town and state)
Length of stay: In hospital or institution *40 days* years months *10* days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Single*
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE *58* Years — Months — Days If less than 1 day Hours Minutes
9 Occupation: *None*
10 Industry or Business: *None*
11 Social Security No. *None*
12 BIRTHPLACE (City) (State or country) *East Boston Mass*
13 NAME OF FATHER *Patrick Sheridan*
14 BIRTHPLACE OF FATHER (City) (State or country) *Ireland*
15 MAIDEN NAME OF MOTHER *Bridget Duffy*
16 BIRTHPLACE OF MOTHER (City) (State or country) *Ireland*

17 Informant *Thomas Sheridan* (Address) *292 W. 2nd St. So. Boston* Relation (if any) *Brother*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *10/19/42* (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)
Registered No. *102*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Oct 17 1942*
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from *10-7*, 1942, to *10-17*, 1942
I last saw her alive on *10-17*, 1942, death is said to have occurred on the date stated above, at *5:20 P.M.*

Immediate cause of death *Subacute Intestinal Obstruction* Duration *10 days*
Due to *Generalized Peritonitis* *8 days*
Pulmonary Oedema *4 1/2 days*
Due to *Pulmonary*

Other conditions (Include pregnancy within 3 months of death)

Major findings: *Ruptured bowel (small)*
Of operations Date of *Oct 14 1942*
Of autopsy
What test confirmed diagnosis? *Operation*

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify
(Signed) *E. J. Cataldo* M. D.
(Address) *48 Byron St* Date *Oct 17 1942*

21 Place of Burial, Cremation or Removal *Walden* (City or Town)
DATE OF BURIAL *Oct 20 1942*

22 NAME OF FUNERAL DIRECTOR *Charles W. Treanor*
ADDRESS *East Boston*

Received and filed *19*

A TRUE COPY ATTEST: (Registrar)

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46. G. L. (Tercentenary Edition.)

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

Everett notified 11/9/42

1 PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 123

2 FULL NAME Roy Francis Melanson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Belmont

St. Everett, Mass.

length of stay: In hospital or institution 2 days, 5 hrs., 30 mins. (Specify whether)

(If nonresident, give city or town and state)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)		
(or) WIFE of (Husband's name in full)		
6 Age of husband or wife if alive years		
7 IF STILLBORN, enter that fact here.		
8 AGE Years Months 25 Days 5 less than 1 day		
9 Occupation: Usual		
10 Industry or Business:		
11 Social Security No.		
12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts.		
13 NAME OF FATHER Raymond Melanson		
14 BIRTHPLACE OF FATHER (City) Nova Scotia, (State or country) Canada		
15 MAIDEN NAME OF MOTHER Angele Comeau		
16 BIRTHPLACE OF MOTHER (City) Digby, Nova Scotia (State or country) Canada		

PARENTS

17 Informant Raymond Melanson Relation, if any (Address) 25 Belmont St. Everett (father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer (Date of Issue of Permit) 10/21/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 18 1942 (Month) (Day) (Year)	19 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1942, to Oct 17, 1942. I last saw him alive on Oct 17, 1942, death is said to have occurred on the date stated above, at 4 P.M.	Duration 2 days.
Immediate cause of death: Intracranial hemorrhage		
Due to Traumatic Cerebral Anoxia		
Due to Traumatic		
Due to Protracted labor and prolonged cord.		40 hours
Other conditions none (Include pregnancy within 3 months of death)		
Major findings: Of operations		
Of autopsy		
What test confirmed diagnosis?		

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No	If so, specify
(Signed) D. Donald Polts	(Address) 7 Central St. E. B. Date 10-18-1942
21 St. Michael's Forest Hills	Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Oct 21	
22 NAME OF FUNERAL DIRECTOR Anthony B. Smith	ADDRESS 215 North St. Boston

Received and filed 19

A TRUE COPY ATTEST:

(Registrar)

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . .

Gen. Laws, Chap. 46, Sec. 9.

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 48, G. L., (Tercentenary Edition.)*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

2

11/9/42

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-7-39. No. 8427-d

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
 No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Roy Rizzo
 (If deceased is a married, widowed or divorced woman, give also maiden name)

(a) Residence. No. 347 Maverick St. East Boston
 (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) Single
 MARRIED WIDOWED or DIVORCED

6a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
 (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn ✓

8 AGE Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation:
 10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass

13 NAME OF FATHER John Rizzo

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Edith Campagnaro

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant (Address) John Rizzo Relation, if any Father
347 Maverick St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
 Health Officer (Official Designation) 10/31/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 30, 1942
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1942, to Oct 20, 1942
 I last saw h..... alive on....., 19....., death is said to have occurred on the date stated above, at.....m. Duration
 Immediate cause of death.....
Stillborn

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of.....
 Of autopsy
 What test confirmed diagnosis: Clinical findings

20 Was disease or injury in any way related to occupation of deceased?
 If so, specify N. R. M. D.
 (Signed) St. Michael's Boston (Address) 234 Maverick St. East Boston Date 10/30/42

21 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL Oct 22, 1942

22 NAME OF FUNERAL DIRECTOR John Rizzo
 ADDRESS 9 Chelsea St. East Boston

Received and filed..... 19.....
 A TRUE COPY ATTEST: (Registrar)

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)

RULES OF PRACTICE

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(33) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if-any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 95

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 107 Bowdoin



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Bessie Frances Kemp
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 107 Bowdoin St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 15 yrs. _____ mos. _____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 Age of husband or wife if alive _____ years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 3 Months 29 Days | If less than 1 day
Hours _____ Minutes _____

9 Occupation: Clerk

10 Industry or Business: Federal Reserve Bank

11 Social Security No. _____

12 BIRTHPLACE (City) Bellows Falls
(State or country) Vermont

13 NAME OF FATHER William Oscar

14 BIRTHPLACE OF FATHER (City) Bellows Falls
(State or country) Vermont

15 MAIDEN NAME OF MOTHER Mary L. Hammond

16 BIRTHPLACE OF MOTHER (City) Bridgewater
(State or country) Vermont

17 Informant Harriet A. Kemp Relation if any Sister
(Address) 107 Bowdoin St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/23/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 22 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April - 1939, to Oct 22, 1942
I last saw him alive on Oct 22, 1942 death is said to

have occurred on the date stated above, at 11:20 P m.

Immediate cause of death

Carcinoma Liver

Due Primary probably in left
breast - operated May - 1939 for
Due Adenocarcinoma Type 2 -

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Exploratory Sept 8, 1942
Of operations Carcinoma found Date of 9/8/42

Of autopsy

What test confirmed diagnosis? Chem & Lab

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. W. Layton M. D.
(Address) 8 State Mall Date 10/23 1942

21 Oak Hill Cemetery Bellows Falls, Vermont
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL October 25, 1942

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed _____ 1942

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

REVERSE NOTIFIED

11/9/42

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-139. No. 8427-4

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

William Russell Jr.

2 FULL NAME Baby Boy Russell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 48 Pearl Avenue

St. Revere

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

Hospital

years months 3 days

In this community

yrs. mos. days

(Specify whether)

(per hospital)

Registered No. 186

(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) ---

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 3 Days If less than 1 day Hours Minutes

Usual

9 Occupation

Industry

10 or Business

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER William Russell

14 BIRTHPLACE OF FATHER (City) Revere (State or country) Mass

15 MAIDEN NAME OF MOTHER Doris Schwartz

16 BIRTHPLACE OF MOTHER (City) Revere (State or country) Mass.

17 Informant William Russell Sr. Relation, if any (Address) 48 Pearl Ave. Revere Father

1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/26/42

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 24 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct 24 1942 to Oct 24 1942

I last saw him alive on Oct 24 1942 death is said to have occurred on the date stated above, at 5 p.m.

Immediate cause of death

Intracranial Hemorrhage

Due to Hypoxia - asphyxia

Due to delivery

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? Spinal tap

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T. Williams

(Address) 429 Beacon St. Boston M. D. Oct 24 1942

21 Holy Cross Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL October 26, 1942

22 NAME OF FUNERAL DIRECTOR

Michael C. Garcello

ADDRESS 10 No. Bennett St. Boston

Received and filed

19

A TRUE COPY ATTEST:

(Registrar)

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 197

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Cliff Avenue, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 209 Somerset Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 1 years 1 months 30 days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Widowed
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Margaret
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 11:03 years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years 3 Months 31 Days | If less than 1 day
Hours 31 Minutes

Usual
9 Occupation: Grocer-retired

Industry
10 or Business: Own business

11 Social Security No. None

12 BIRTHPLACE (City) Glasgow, Scotland
(State or country)

13 NAME OF FATHER William Anderson

14 BIRTHPLACE OF FATHER (City) Glasgow, Scotland
(State or country)

15 MAIDEN NAME OF MOTHER ? Carmichael

16 BIRTHPLACE OF MOTHER (City) Glasgow, Scotland
(State or country)

17 Informant Mrs. James Gillis (Sister-in-law)
(Address) 51 Birch Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 10/26/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 26 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Sept 18, 1942, to Oct 26, 1942
I last saw him alive on Oct 15, 1942 death is said to
have occurred on the date stated above, at 11:03 A.M.

Immediate cause of death Bronchial Pneumonia

Due to Myocarditis

Due to 11:03

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Robert C. Curran M. D. 10/26/42
(Address) Cedar Grove Dorchester Date

21 Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL October 29, 1942 19

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 8427-d

<p>1 PLACE OF DEATH Suf... (County) Wintthrop (City or Town) No. Wintthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)</p>		<p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH Registered No. 98 (City or town making return)</p>	
<p>2 FULL NAME <u>William Francis Dacey</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)</p>			
<p>(a) Residence. No. <u>87 Buchanan St.</u> St. (If U. S. War Veteran, specify WAR) (Usual place of abode) Length of stay: In hospital or institution <u>Hospital</u> years months days. In this community yrs. mos. days. (Specify whether)</p>			
<p>PERSONAL AND STATISTICAL PARTICULARS</p>			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED <u>Single</u>	
<p>5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)</p>			
<p>6 Age of husband or wife if alive.....years 7 IF STILLBORN, enter that fact here. <u>/</u></p>			
<p>8 AGE.....Years.....Months <u>4</u> Days.....Hours.....Minutes If less than 1 day</p>			
<p>9 Usual Occupation:..... Industry..... 10 or Business:.....</p>			
<p>11 Social Security No.</p>			
<p>12 BIRTHPLACE (City) <u>Wintthrop</u> (State or country) <u>Mass</u></p>			
<p>13 NAME OF FATHER <u>Walter H. Dacey</u> <u>William F. Dacey</u></p>			
<p>14 BIRTHPLACE OF FATHER (City) <u>Wintthrop</u> (State or country) <u>Mass</u></p>			
<p>15 MAIDEN NAME OF MOTHER <u>Helen McLaughlin</u></p>			
<p>16 BIRTHPLACE OF MOTHER (City) <u>Wintthrop</u> (State or country) <u>Mass</u></p>			
<p>17 Informant <u>Walter H. Dacey</u> Relation, if any (Address) <u>57 Buchanan St.</u> (Father)</p>			
<p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <u>Wm. D. Childress</u> (Signature of Agent of Board of Health or other Health Officer) 10/28/42 (Official Designation) (Date of Issue of Permit)</p>			
<p>MEDICAL CERTIFICATE OF DEATH</p>			
<p>18 DATE OF DEATH <u>October 27 1942</u> (Month) (Day) (Year)</p>			
<p>19 I HEREBY CERTIFY That I attended deceased from <u>October 23, 1942</u> to <u>October 27, 1942</u> I last saw him alive on <u>October 27, 1942</u>, death is said to have occurred on the date stated above, at <u>5 P.M.</u> Immediate cause of death <u>Pneumonia</u> Duration <u>2 days</u> Due to <u>Placenta Previa with Cesarean Section</u> <u>3 days</u> Due to</p>			
<p>Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Date of Of autopsy <u>Pneumonia</u> What test confirmed diagnosis? <u>smears</u></p>			
<p>20 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>Jaob Abrams M.D.</u> (Signed) <u>362 Hurley St.</u> Date <u>10/28/42</u> (Address)</p>			
<p>21 Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>Oct 28 1942</u></p>			
<p>22 NAME OF FUNERAL DIRECTOR <u>John H. O'Malley</u> ADDRESS <u>Wintthrop</u></p>			
<p>Received and filed.....19..... A TRUE COPY ATTEST: (Registrar)</p>			

PARENTS

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .
Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 129

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ernest Edward Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 79 Terrace Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital years months 5 days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of Christine Fairbanks
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 2 Months 26 Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: Banker

10 Industry or Business: Private Banking Co.

11 Social Security No. 024-09-5901

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER John Anderson

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Fraiser

16 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country)

17 Informant Christine Anderson (Wife if any)
(Address) 79 Terrace Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/31/42 (Date of Issue of permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 29 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
December 2, 1936 to October 29, 1942
I last saw him alive on October 29, 1942; death is said to
have occurred on the date stated above, at 11:30 A.M.

Immediate cause of death Cerebral hemorrhage Duration 4 days
IMPORTANT

Due to Diabetes Mellitus 1 year

Due to Uremia 3 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: none Physician IMPORTANT

Of operations Date of

Of autopsy not done Underline the cause to which death should be attributed

What test confirmed diagnosis clinical & pathological

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob Abrams M.D. M. D.

(Address) 362 Quincy St. Date 10/31/42

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Nov. 2, 1942

22 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass.

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION is very important. See instructions and terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (J)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 200

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 30 Bellevue Ave
Callahan
St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah E. Veghla
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 30 Bellevue Ave
(Usual place of abode)
St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution _____ years _____ months _____ days
(Before death) (Specify whether) In this community 30 yrs. mos. days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed	18 DATE OF DEATH October 30 1942 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1942, to Oct. 30, 1942 I last saw her alive on Oct 30, 1942 death is said to have occurred on the date stated above, at 7:30 P.M.	
6 Age of husband or wife if alive _____ years			Immediate cause of death Cerebral Hemorrhage	Duration 3 days
7 IF STILLBORN, enter that fact here.			Due to Chronic hypertension	17 years
8 AGE _____ Years _____ Months _____ Days If less than 1 day Hours _____ Minutes			Due to _____	
9 Usual Occupation: Housewife			Other conditions (Include pregnancy within 3 months of death)	
10 Industry or Business: _____			Major findings: Of operations: _____	Physician
11 Social Security No. _____			Date of _____	Underline the cause to which death should be charged statistically.
12 BIRTHPLACE (City) _____ (State or country)			Of autopsy: _____	What test confirmed diagnosis? Clinical Signs
13 NAME OF FATHER John Callahan			20 Was disease or injury in any way related to occupation of deceased? If so, specify _____	
14 BIRTHPLACE OF FATHER (City) New York (State or country) N.Y.			(Signed) Daniel J. O'Brien, M. D. (Address) 100 Chapel St. Date Dec 2, 1942	
15 MAIDEN NAME OF MOTHER Margaret Tobin			21 Holy Cross Maiden Place of Burial, Cremation or Removal. (City or Town)	
16 BIRTHPLACE OF MOTHER (City) _____ (State or country) Nova Scotia			DATE OF BURIAL Nov 3 1942	19
17 Informant Mrs George Parsons (Relationship) _____ (Address) 30 Bellevue Ave			22 NAME OF FUNERAL DIRECTOR John J. O'Brien ADDRESS _____	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) The Health Officer (Official Designation) 11/2/42 (Date of Issue of Permit)			Received and filed _____	19
			(Registrar)	

EXTRACTS FROM THE LAWS OF THE
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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

1 PLACE OF DEATH Suffolk (County)
Wentworth (City or Town)
No. Int. Bunker Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME William E. Forbes { (If U. S. War Veteran, specify WAR) #2
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. Stonesville W. Carolina (If nonresident, give city or town and state)
(Usual place of abode)
Length of stay: In hospital or institution _____ years _____ months _____ days. In this community yrs. 2 mos. _____ days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE (write the word) <u>MARRIED</u> WIDOWED or DIVORCED <u>single</u>
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)		
6 Age of husband or wife if alive _____ years		
7 IF STILLBORN, enter that fact here.		
8 AGE <u>24</u> Years _____ Months _____ Days _____ Hours _____ Minutes		
Usual Occupation: <u>corp. V. S. Army</u>		
Industry or Business: _____		
11 Social Security No. _____		
12 BIRTHPLACE (City) <u>Stonesville</u> (State or country) <u>North Carolina</u>		
13 NAME OF FATHER <u>William E. Forbes</u>		
14 BIRTHPLACE OF FATHER (City) <u>unknown</u> (State or country)		
15 MAIDEN NAME OF MOTHER <u>Martha</u>		
16 BIRTHPLACE OF MOTHER (City) <u>unknown</u> (State or country)		
17 Informant <u>V. S. Army Records (Int. Bunker)</u> (Address) <u>Wentworth</u>		

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/2/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH <u>Oct - 31 - 1942</u> (Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <u>Traumatic Intracranial Hemorrhage</u> <u>Fractured Skull</u> <u>Cerebral Lacerations</u>
20 Accident, suicide, or homicide, (specify) <u>accidental</u> Date of occurrence <u>October - 31 - 1942</u>
Where did Injury occur? <u>Breton</u> (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? <u>army base</u> (Specify type of place)
Manner of Injury <u>Fell accidentally at army</u>
Nature of Injury <u>Base So. Breton Oct-31-1942</u>
While at work? <u>?</u> Was there an autopsy? <u>yes</u>
21 Was disease or injury in any way related to occupation of deceased? _____
If so, specify <u>Am. F. Snickley M.D.</u> (Signed) <u>Breton</u> <u>Nov 1 - 1942</u> (Address)
22 <u>Madison North Carolina</u> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <u>Nov 5</u> 19 <u>42</u>
23 NAME OF FUNERAL DIRECTOR <u>Wm. + Wm.</u> ADDRESS <u>254 Beach St. Breton</u>
Received and filed _____ 19____ (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 202

PLACE OF DEATH

Essex
(County)

Danvers

(City or Town)

No. Danvers State Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Sybil Jenks
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 145 Washington St. Winthrop
(Usual place of abode)Length of stay: In hospital or institution..... years months 8 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED divorced
or DIVORCED5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of cannot be learned
(Husband's name in full)

6 Age of husband or wife cannot be learned years

7 IF STILLBORN, enter that fact here.

8 AGE 42 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: houseworkIndustry
10 or Business: cannot be learned

11 Social Security No.

12 BIRTHPLACE (City) Concord, NH
(State or country)

13 NAME OF FATHER Elisha S. Tuttleff

14 BIRTHPLACE OF FATHER (City) Bridgewater Vt.
(State or country)

15 MAIDEN NAME OF MOTHER --- Woods

16 BIRTHPLACE OF MOTHER (City) Hartford, Vt.
(State or country)17 Informant M.K. McPhillips Relation, if any
(Address) BSH

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 10/21/42 19

MEDICAL CERTIFICATE OF DEATH

19 DATE OF DEATH Sep. 27, 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Pulmonary embolism

20 Accident, suicide, or homicide (specify).....

Date of occurrence..... 19.....

Where did
Injury occur? (City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in
public place? (Specify type of place)Manner of
InjuryNature of
Injury

While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify J. W. P. Murphy

(Signed) (Address) Peabody 9/28/42 19 M. D.

22 Lebanon W. Lebanon NH
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL 9/29/42 19

23 NAME OF FUNERAL DIRECTOR Richard H. White

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)



1941 DEC 10

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-139, No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON
(City or town making return)
Registered No. **8462**

PLACE OF DEATH

No. **Mass Osteopathic Hospital** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Edward S. Binney** { (If U. S. War Veteran, World War 1 specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. **36 Bellevue Ave.** St. **Winthrop**
(Usual place of abode)

Length of stay: In hospital or institution. (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W** 5 SINGLE **Married** (write the word)
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced **Florence R. Benney**
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. **49** years

7 IF STILLBORN, enter that fact here.

8 AGE **49** Years Months Days If less than 1 day Hours Minutes

9 Occupation: **Insurance Agent**

10 Industry or Business: **John Hancock Inc**

11 Social Security No. **012-09-7302**

12 BIRTHPLACE (City) **Somerville** Mass
(State or country)

13 NAME OF FATHER **Edward V Binney**

14 BIRTHPLACE OF FATHER (City) **Somerville**
(State or country) **Mass**

15 MAIDEN NAME OF MOTHER **Sarah Smith**

16 BIRTHPLACE OF MOTHER (City) **New York**
(State or country)

17 Informant **Walter Rowe** Relation, if any **brother in law**
(Address) **Windsor Winthrop**

A TRUE COPY **James J. Gray**
ATTEST: (Registrar of city or town where death occurred)

DATE FILED **20 Oct 13** 19 **42**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Oct 6 1942**
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from **Oct 7 1942** to **Oct 6 1942**

I last saw him alive on **Oct 6 1942**, death is said to have occurred on the date stated above, at **8:56 P** m. Duration

Immediate cause of death. **Terminal pneumonia** days

Due to **Pulmonary embolism**

Pulmonary edema

Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **A Reid Johnson** M. D.

(Address) **Boston Mass** Date **Oct 9 1942**

21 PLACE OF BURIAL **Mt Auburn Cambridge**
CREMATION OR REMOVAL (City or Town)

DATE OF BURIAL **Oct 9 1942**

22 NAME OF FUNERAL DIRECTOR **Joseph H Rockett**

ADDRESS **Mass Ave Cambridge**

Received and filed **Oct 17 1942**

(Registrar of City or Town where deceased resided)

Copies of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Revere

(City or town making return)

204

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Revere
(City or Town)
No. 218 Beach



St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Daily (Hayde)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 96 Loring Rd. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution None years months days. In this community 18 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Charles P. Daily (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Housewife

10 Industry or Business: At home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Ireland

13 NAME OF FATHER Edmund Hayde

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Burns

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Charles Daily (Address) 45 Birch Rd. Winthrop, Mass. (Relation if any) Son

A TRUE COPY.

ATTEST: Peta M. Bishop (Registrar of city or town where death occurred)

DATE FILED October 20, 1942

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 6, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from October 3, 1942 to October 6, 1942
I last saw her alive on October 6, 1942, death is said to have occurred on the date stated above, at 7:15 P.m. Duration

Immediate cause of death: Broncho-pneumonia 10/5/42

Due to Cerebral Hemorrhage 10/3/42

Due to Arteriosclerotic Heart Disease Jan. 1942

Other conditions: None (Include pregnancy within 3 months of death) Physician

Major findings: None Underline the cause to which death should be charged statistically.
Of operations: None
Of autopsy: None
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify: Morris I. Sacks (Signed) 45 Shirley Ave. (Address) 10/6 1942 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Hood Brookline (Cemetery) (City or Town)
DATE OF BURIAL October 9, 1942

22 NAME OF FUNERAL DIRECTOR Michael J. Porcella
ADDRESS 10 No. Bennet St., Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 8266

PLACE OF DEATH

(County)

Boston

(City or Town)

No. Hebrew Ladies Home for Aged St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Tilli a Stone (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 79 Shore Drive St. Winthrop (If nonresident, give city or town and state)

Length of stay: In hospital or institution. 2 years 3 months days. In this community 2 yrs. 3 mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Louis Stone (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 92 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Usual Housework

10 Industry or Business: At home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Israel Dunskey

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Leah

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Home Records (Address) 21 Queen St. Dorchester Relation, if any (None)

A TRUE COPY Francis J. Gay ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct 13 19 42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 7 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Oct 4 19 42, to Oct 7 19 42

I last saw her alive on Oct 7 19 42, death is said to have occurred on the date stated above, at 2 P.m. Duration

Immediate cause of death. Bronchopneumonia

Due to Gastric canceroma

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Underline the cause to which death should be charged statistically.

Of autopsy Date of

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify B A Uadelson (Signed) M. D.

(Address) Dorchester Date Oct 7 19 42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Chevra Thilim W Rox (Cemetery) (City or Town)

DATE OF BURIAL Oct 8 19 42

22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky ADDRESS 10 Washington Dorchester

Received and Filed Oct 13 19 42

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-139, No. 8427-f

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 12936

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Cambridge City Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Roy Campbell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 283 Court Road

St. Winthrop, Mass.

Length of stay: In hospital or institution.

(Specify whether)

years

months

days.

(If nonresident, give city or town and state)

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single	(write the word)
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)			
(or) WIFE of _____ (Husband's name in full)			
6 Age of husband or wife if alive. Stillborn years			
7 IF STILLBORN, enter that fact here.			
8 AGE Years Months Days		If less than 1 day Hours Minutes	
9 Occupation: _____ Usual			
10 Industry or Business: _____			
11 Social Security No. _____			
12 BIRTHPLACE (City) (State or country) Cambridge, Mass.			
13 NAME OF FATHER Warren Campbell			
14 BIRTHPLACE OF FATHER (City) (State or country) Revere Mass.			
15 MAIDEN NAME OF MOTHER Emma Kinsella			
16 BIRTHPLACE OF MOTHER (City) (State or country) East Boston Mass.			
17 Informant Warren Campbell (Father) (Address) 283 Court Rd., Winthrop			

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 9, 1942 (Month) (Day) (Year)	19 I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____ I last saw h.....alive on....., 19____, death is said to have occurred on the date stated above, at.....m. Duration Immediate cause of death..... Premature Stillborn Due to Cord around neck Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Of autopsy ...no..... What test confirmed diagnosis? Clinical 20 Was disease or injury in any way related to occupation of deceased? no If so, specify..... (Signed) P. McGown M. D. (Address) Cambridge, Mass. Date 10/10/42	PHYSICIAN Underline the cause to which death should be charged statistically.
21 PLACE OF BURIAL CREMATION OR REMOVAL Holy Cross - Malden (Cemetery) (City or Town)	DATE OF BURIAL October 10, 1942	22 NAME OF FUNERAL DIRECTOR Charles H. Treanor ADDRESS East Boston, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

October 13, 1942

19

Received and filed

16

19

(Registrar of City or Town where deceased resided)

Copies or returns which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-139, No. 8427-4

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 2562

No. Mass General Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence M. Poor (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 115 Circuit Rd St. Winthrop (Usual place of abode)

Length of stay: In hospital or institution. years months days. In this community yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 11 Months 27 Days If less than 1 day Hours Minutes

9 Occupation: At home Usual

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Chelsea (State or country) Mass

13 NAME OF FATHER Joseph L. Poor

14 BIRTHPLACE OF FATHER (City) Robbiston (State or country) Mass

15 MAIDEN NAME OF MOTHER Harriet Wyman

16 BIRTHPLACE OF MOTHER (City) Calis (State or country) Maine

17 Informant A B Poor (Address) Winthrop Mass Relation, if any (brother)

A TRUE COPY. Francis J. Gan ATTEST: (Registrar of city or town where death occurred)

DATE FILED Oct 14 19 42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 11 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Oct 10 1942, to Oct 11 1942

I last saw h. er. alive on Oct 11 1942, death is said to have occurred on the date stated above, at 7:02 P.m. Duration

Immediate cause of death. Hypertensive heart disease

Cerebro vascular hemorrhage Due to with paraplegia

Due to

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations Underline the cause to which death should be charged statistically.

Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. S. Hoogson M. D.

(Address) Boston Mass Date 10/12/42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem Malden (Cemetery) (City or Town)

DATE OF BURIAL Oct 14 1942

22 NAME OF FUNERAL DIRECTOR C R Bennison Winthrop Mass ADDRESS

Received and filed Oct 14 1942

(Registrar of City or Town where deceased resided)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **208**

1 PLACE OF DEATH
suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Herbert F. Ward**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. **145 Washington Ave.**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution **Hospital** years months **4** days. In this community **30** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**

5a If married, widowed, or divorced
HUSBAND of **Clara Storey Ward**
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive **62** years

7 IF STILLBORN, enter that fact here.

8 AGE **68** Years **8** Months **6** Days | If less than 1 day
Hours Minutes

Usual
9 Occupation: **Salesman**

10 Industry or Business: **Wholesale Drug**

11 Social Security No. **024-01-4659**

12 BIRTHPLACE (City) **England**
(State or country)

13 NAME OF
FATHER **John Ward**

14 BIRTHPLACE OF
FATHER (City) **England**
(State or country)

15 MAIDEN NAME
OF MOTHER **not known**

16 BIRTHPLACE OF
MOTHER (City) **England**
(State or country)

17 Informant **Clara Storey Ward** (Relation, if any)
(Address) **145 Washington Ave., Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/5/42** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov. 3, 1942**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
October 31, 1942 to **November 3, 1942**

I last saw him alive on **Nov 2, 1942**, death is said to
have occurred on the date stated above, at **12:10 A.** m.

Immediate cause of death: **Cerebral Hemorrhage** Duration **3 days**

Due to **Atherosclerosis** **1 year**

Due to **Chronic Interstitial Nephritis** **1 year**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **none** Physician **IMPORTANT**

Date of **none** Underline the cause to which death should be charged statistically.
Of autopsy **none**
What test confirmed diagnosis? **clinical & lab.**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Jaundice Chronic** M. D.

(Signed) **St. J. Murphy** (Address) **St. J. Murphy** Date **11/4/42**

21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Nov. 5, 1942** 19

22 NAME OF FUNERAL DIRECTOR **Richard H. White**
ADDRESS **147 Winthrop St., Winthrop**

Received and filed **19** (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen, G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-40-D-729-b

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.
209
Registered No.

1

No. 125 Cliff Ave Winthrop (Mrs. Paul's seat home) St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2

FULL NAME George M. Rogers
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR) Spanish

(a) Residence. No. 4 Tel Argonne & Belfinch Pl Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Rest home years months 7 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Divorced

5a If married, widowed, or divorced HUSBAND of... (Give maiden name of wife in full)

(or) WIFE of... (Husband's name in full)

6 Age of husband or wife if alive... years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Grocer

10 Industry or Business: Groceries

11 Social Security No. ...

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Nicholas Rogers

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Bridget Brongy

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs. Michael Brooks (sister) (Address) 21 Cross St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
John D. Chuldeux
(Signature of Agent of Board of Health or other)
Health Office 11/6/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November - 5 - 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Carcinoma Left kidney of left Testicle & of Brain
Coronary Sclerosis

20 Accident, suicide, or homicide (specify) ...
Date of occurrence... 19...

Where did Injury occur? ...
(City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

Manner of Injury Found dead in his bed room
Nature of Injury Floor
While at work? ... Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?

If so, specify ...
(Signed) ... M. D.
(Address) ... Date Nov 5 - 1942

22 Place of Burial, Cremation or Removal Galvary Boston
DATE OF BURIAL Nov 7, 1942

23 NAME OF FUNERAL DIRECTOR John P. O'Malley
ADDRESS Winthrop

Received and filed... 19...

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

310

COPY OF
CERTIFICATE OF DEATH

Registered No. 1433

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME James S. Keating

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR) no

(a) Residence, No. 42 Loring Road

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital 4 years 9 months 28 days.

(Before death)

(Specify whether)

In this community 4 yrs. 9 mos. 28 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED Married

or DIVORCED

5a If married, widowed, or divorced
HUSBAND of

Lotta Smith

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive 64

years

7 IF STILLBORN, enter that fact here.

8 AGE 64

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation: Proprietor

Industry

10 or Business: Restaurant

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Fall River, Mass.

13 NAME OF
FATHER

Terrence T. Keating

14 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Catherine J. Murray

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17 Informant

Lotta Keating

Relation, if any

(Address)

42 Loring Rd., Winthrop

A TRUE COPY.

ATTEST:

Frederick H. Burke

(Registrar of city or town where death occurred)

DATE FILED

November 10, 1942

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

November 7th,

1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov. 1,

1942,

to Nov. 7,

1942

I last saw him alive on Nov. 6, 1942, death is said to

have occurred on the date stated above, at 7:20 PM m.

Duration

Immediate cause of death

Due to Cerebral Hemorrhage

1 wk.

Due to Arterio Sclerosis

Other conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

1938

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Robbins

M. D.

(Address) Somerville, Mass. Date 11/8/1942

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross -Malden

(Cemetery)

(City or Town)

DATE OF BURIAL

November 10, 1942

19

22 NAME OF

FUNERAL DIRECTOR

M. J. Kelly

ADDRESS

E. Boston, Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)

Copies of returns recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-E-2-4-2-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent:

Registered No. 211

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 37 - Tewksbury St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mae Kaufman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence, No. 37 Tewksbury St. Winthrop
(Usual place of abode) (If nonresident, give city of town and State)Length of stay: In hospital or institution _____ years _____ months _____ days. In this community 16 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) married
MARRIED
WIDOWED
or DIVORCED18 DATE OF DEATH 11 8 1942
(Month) (Day) (Year)5a If married, widowed, or divorced HUSBAND of Sarah Kaufman
(Give maiden name of wife in full)
(or) WIFE of Samuel Kaufman
(Husband's name in full)19 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1942, to 11/8, 1942
Last saw him alive on 11/8, 1942, death is said to have occurred on the date stated above, at 9:10 A. m.6 Age of husband or wife if alive 62 years

Immediate cause of death _____ Duration _____

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years — Months — Days | If less than 1 day Hours — MinutesDue to Cerebral Hemorrhage 1 day
Essential Hypertension 5 yrs.9 Occupation: Housewife

10 Industry or Business: _____

11 Social Security No. noneOther conditions no
(Include pregnancy within 3 months of death)12 BIRTHPLACE (City) Russia
(State or country)Major findings: no
Of operations _____13 NAME OF FATHER Israel MillerDate of _____
Of autopsy no
What test confirmed diagnosis? clinical14 BIRTHPLACE OF FATHER (City) Russia
(State or country)15 MAIDEN NAME OF MOTHER Bessie (cannot be learned)16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)20 Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Charles E. Brown M. D.
(Address) 26 Wagon Way Ave Date 11/8, 194217 Informant William Kaufman Son Relation, if any, Son
(Address) 37 Tewksbury St. Winthrop21 Montfione Cemetery Church
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 10, 1942

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR Wm. D. Stenetsky
ADDRESS 10 Wash. St. Boston(Signature of Agent of Board of Health or other) Health Officer
(Official Designation) (Date of Issue of Permit) 11/9/42

Received and filed _____ 19 _____

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry under this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

Name is Schwarm

25m-2-40-D-729-b

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 212

1 PLACE OF DEATH No. Cor Pauline & Pleasant St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis Henry Schwarm { (If U. S. War Veteran, specify WAR) None

(a) Residence. No. 227 Court St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months days. In this community 13 yrs. — mos. — days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Bertha Highley (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 0 Months 11 Days If less than 1 day Hours Minutes

Usual Occupation: Merchant

Industry Shoes

10 or Business:

11 Social Security No. 011-01-7213

12 BIRTHPLACE (City, State or country) St. Louis Missouri

13 NAME OF FATHER Frederick Schwarm

14 BIRTHPLACE OF FATHER (City, State or country) Germany

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City, State or country) Germany

17 Informant Bertha Schwarm (Address) 227 Court St. Winthrop Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Philbrick (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/10/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 9 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Natural causes probably Coronary Stenosis with Thrombosis

20 Accident, suicide, or homicide (specify) Date of occurrence 19

Where did Injury occur? (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Watson M. D.

(Address) Date Nov 9 1942

22 Bellefontaine Cem. St. Louis Mo. Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 12 1942

23 NAME OF FUNERAL DIRECTOR J. S. Waterman & Sons

ADDRESS Boston, Mass. U.S.A.

Received and filed 19

(Registrar)

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

213

Registered No.

PLACE OF DEATH

Suffolk
(County)Chelsea
(City or Town)

No. J.F. Naval Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Thomas F. Bagley
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S. Spanish
War Veteran, World I
specify WAR)(a) Residence. No. 503 Pleasant St.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)Length of stay: In hospital or institution hospital years months days 14
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED WIDOWED widowed
or DIVORCED5a If married, widowed, or divorced Ellen Mackin Bagley
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 30 Years 10 Months 10 Days | If less than 1 day
Hours MinutesUsual
9 Occupation: Chief Machinist Mate (ret.)Industry
10 or Business: U.S. Navy

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER Hugh Bagley

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Sarah Storey

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Sarah Bagley Relation, if any
(Address) 503 Pleasant St., Winthrop

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Nov. 13, 1942

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 11, 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
July 27, 1942 to Nov. 11, 1942
I last saw him alive on Nov. 11, 1942 death is said to
have occurred on the date stated above, at 11:40a.m. Duration

Immediate cause of death

Faget's Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Physician

Major findings:
Of operations None

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) John R. Marshall, M. D.

(Address) 100 Chelsea, Mass. Date 11/11/42

21 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) Winthrop Co. (City or Town) Winthrop

DATE OF BURIAL Nov. 11, 1942

22 NAME OF FUNERAL DIRECTOR Charles J. Brennan
ADDRESS 200 Cambridge St., Boston

Received and filed Nov. 13, 1942

(Registrar of City or Town where deceased resided)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

215

Registered No. 1459

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Wyman House

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William H. Mahoney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

none

(a) Residence. No. 90 Lowell Road

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

years

months 3 days.

In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED
OR DIVORCED5a If married, widowed, or divorced
HUSBAND of Margaret A. Riley
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 73 years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: MerchantIndustry
10 or Business: Potatoes

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Boston, Mass.

PARENTS

13 NAME OF FATHER Joshua Mahoney

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen Harrington

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland17 Informant Margaret Mahoney (Relation, if any)
(Address) 90 Lowell Rd., Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED November 16, 1942 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 13, 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Nov. 10, 1942, to Nov. 13, 1942.
I last saw him alive on Nov. 13, 1942 death is said to
have occurred on the date stated above, at 4:40 PM m.

Duration

Immediate cause of death

Intestinal Obstruction
of bowels

7 da.

Due to Probable Malignancy

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Physician

Underline
the cause to
which death
should be
charged sta-
tistically.Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. J. Louis

M. D.

(Address) Boston, Mass. Date 11/13/42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross - Malden
(Cemetery) (City or Town)

DATE OF BURIAL November 16, 1942 19

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

term, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-4-2-BB55

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **216**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. **116 HERRON ST**



St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **George Joseph McQuillen**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. **116 HERRON ST** St. (If nonresident, give city or town and State)

Length of stay: in hospital or institution (Specify whether) years months days. In this community **25** yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED **Married**
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of **Charles E. Conry**
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive **63** years

7 IF STILLBORN, enter that fact here.

8 AGE **72** Years Months Days If less than 1 day
Hours Minutes

Usual
9 Occupation: **Interior Decorator**

Industry
10 or Business: **Painting & paperhanging**

11 Social Security No. **—**

12 BIRTHPLACE (City)
(State or country) **Liverpool
England**

13 NAME OF
FATHER **John McQuillen**

14 BIRTHPLACE OF
FATHER (City)
(State or country) **Ireland**

15 MAIDEN NAME
OF MOTHER **Annie McGuire**

16 BIRTHPLACE OF
MOTHER (City)
(State or country) **Ireland**

17 Informant **Frances McQuillen** (Relation, if any)
(Address) **116 HERRON ST Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **November 14 1942**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov. 12, 1942, to Nov 14, 1942

I last saw him alive on **Nov. 13, 1942**, death is said to
have occurred on the date stated above, at **9:40 P.M.** m.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 days**

Due to **Hypertension**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis? **Clinical Signs**

20 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **John F. O'Malley** M. D.
(Address) **Winthrop, Mass** Date **Nov. 14 1942**

21 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL **November 17** 1942

22 NAME OF
FUNERAL DIRECTOR **John F. O'Malley**

ADDRESS **Winthrop Mass**

Received and filed **19**

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medico-Legal Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apophysis, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative benefitfulness of various pursuits can be known. Make some attempt to select for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 217

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Francis Herbert Foote
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 100 Circuit Road
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution 2 years - months 16 days.
(Before death) (Specify whether)

In this community 20 yrs. - mos. - days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of Margaret A. English
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years - Months - Days | If less than 1 day
Hours - Minutes

Usual
9 Occupation: Salesman Retired

Industry
10 or Business: Electrical Supplies

11 Social Security No. -

12 BIRTHPLACE (City) Canada
(State or country)

13 NAME OF
FATHER Oscar Foote

14 BIRTHPLACE OF
FATHER (City) England
(State or country)

15 MAIDEN NAME
OF MOTHER Catherine Clark

16 BIRTHPLACE OF
MOTHER (City) Prince Edward Island
(State or country)

PARENTS

17 Informant Margaret Foote (Relation, if any)
(Address) 100 Circuit Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer 11/24/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Nov. 23 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Nov. 6, 1942, to Nov. 23, 1942

I last saw him alive on Nov. 21, 1942, death is said to
have occurred on the date stated above, at 11:20 a.m.

Immediate cause of death Chronic Thrombosis

Due to arteriosclerosis

Due to

Other conditions Sigmoidectomy

(Include pregnancy within 3 months of death)

Major findings: Carcinoma sigmoid

Of operations

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. Childress M. D.

(Address) 100 Circuit Road Winthrop Date 11/24/42

21 Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 25 - 1942 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass.

Received and filed 19

(Registrar)

State of Massachusetts. This form is to be filled out by the physician in attendance at the death. It should be filled out in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Station Hospital, Fort Banks, Mass.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EDWARD ROBERT HAMARA
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 179 Beatty Avenue
(Usual place of abode)

St. Johnstown, Pennsylvania
(If nonresident, give city or town and State)

Length of stay: In hospital or Institution 26 days - months 18 days
(Before death) (Specify whether)

In this community yrs. mos. days.

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 22 Years 3 Months 12 Days If less than 1 day Hours Minutes

Usual Occupation: Soldier

Industry or Business: U. S. Army

11 Social Security No. None

12 BIRTHPLACE (City) Johnstown
(State or country) Pennsylvania

13 NAME OF FATHER George Hamara

14 BIRTHPLACE OF FATHER (City) Iron City,
(State or country) Czechoslovakia

15 MAIDEN NAME OF MOTHER Mary Autko

16 BIRTHPLACE OF MOTHER (City) Hautzdale
(State or country) Pennsylvania

PARENTS

17 Informant Ann Palm, Mrs. (sister)
(Address) 38 Prospect Park, S.W., New York City

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/24/42 (Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



To be filed for burial permit with Board of Health or its Agent.

218

Registered No.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 21, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 6, 1942, to November 24, 1942

I last saw him alive on November 21, 1942, death is said to have occurred on the date stated above, at 9:55 a.m.

Immediate cause of death: Tumor, malignant, superior, mediastinum, type unknown.

Due to (pending pathological studies)

Due to Tumor, malignant, right chest wall, type undetermined. (pending pathological findings)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: None

Date of: Underline the cause to which death should be charged statistically.
Of autopsy: See above
What test confirmed diagnosis? Autopsy

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify: Station Hospital, Fort Banks, Mass.
(Signed) J. D. E. Olan, Capt. M. D.
(Address) Station Hospital, Fort Banks, Mass. Date Nov. 24, 1942

21 Place of Burial, Johnstown, Penna.
(City or Town)
DATE OF BURIAL Nov. 27, 1942

22 NAME OF FUNERAL DIRECTOR: Murray + Murray
ADDRESS: 254 Bead St. Revere

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physiolan or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

— Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Causa of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 219

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 47 Bartlett Pky



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME: Nicholas Leonard Fulham
(If deceased was a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 47 Bartlett Parkway St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

5a If married, widowed, or divorced
HUSBAND of Mary Barrett
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN. enter that fact here.

8 AGE 71 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Merchant

10 Industry or Business: Wholesale Fish

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER John N. Fulham

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Ellen Leonard

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 In informant (Address) Claire Fulham Relation, if any
Bartlett Pky

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Death or Health or other)
Health Officer 11/27/42
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 26 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
1941 to Nov. 26 1942

I last saw him alive on Nov. 20, 1942, death is said to
have occurred on the date stated above, at 1 A m.

Immediate cause of death: Coronary embolism IMPORTANT

Due to: acute infarction

Due to:

Other conditions: (Include pregnancy within 3 months of death) IMPORTANT

Major findings: Of operations Physician

Date of Underline the cause to which death should be charged statistically.
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) C. J. Finckh M. D.
(Address) 4 W. Stoughton St. Date 11-26-1942

21 Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Nov 28 1942 19

22 NAME OF FUNERAL DIRECTOR John J. O'Malley
ADDRESS Winthrop

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39, No. 8427-d

1 PLACE OF DEATH { Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)
Registered No. 220

2 FULL NAME Charles Reinhold Munch (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 171 Woodside Avenue St. (If nonresident, give city or town and state)
length of stay: In hospital or institution hospital years months 10 days In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed
6a If married, widowed, or divorced HUSBAND of Laura Louise Pike (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive years
7 IF STILLBORN, enter that fact here.
8 AGE 87 Years 1 Months 19 Days If less than 1 day Hours Minutes
9 Usual Occupation: Restaurant proprietor (retired)
10 Industry or Business: Restaurant
11 Social Security No.
12 BIRTHPLACE (City) Sweden (State or country)
13 NAME OF FATHER Charles Robert Munch
14 BIRTHPLACE OF FATHER (City) Germany (State or country)
15 MAIDEN NAME OF MOTHER Treasure Nordstrom
16 BIRTHPLACE OF MOTHER Sweden (State or country)

17 Informant Mrs. Kate M. Willis daughter if any (Address) 171 Woodside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 11/27/42 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 26 1942 (Month) (Day) (Year)
19 I HEREBY CERTIFY. That I attended deceased from Nov 17 1942, to Nov 26 1942.
I last saw him alive on Nov 26 1942, death is said to have occurred on the date stated above, at 8:35 A.M.
Immediate cause of death Pulmonary Embolism Duration 2 hrs

Due to Ch. Myocarditis
Due to Pulmonary embolism - multiple secondary
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Date of
Of autopsy Date of
What test confirmed diagnosis? chest

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Richard Everett M. D. (Address) 128 Mt. St. W. Date 11/26 1942
21 Woodlawn Cemetery Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL November 28, 1942 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Linthorpe Mass
Received and Filed 19
(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 8427-J

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Stillborn Female

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

191 Orient Ave

St.

East Boston

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here.

Stillborn

8

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation

Industry

10 or Business

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Winthrop

Massachusetts

13 NAME OF FATHER

Alexander N. MacLeod

14 BIRTHPLACE OF FATHER (City)

Boston, Massachusetts

(State or country)

15 MAIDEN NAME OF MOTHER

Rosalie C. Walsh

16 BIRTHPLACE OF MOTHER (City)

East Boston

(State or country)

Massachusetts

17

Informant

(Address)

Alexander N. MacLeod

Relation, if any

191 Orient Ave. East Boston

(father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. M. O'Connell

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

221

Registered No.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran, specify WAR)

St.

East Boston

(If nonresident, give city or town and state)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Mar

22

1982

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw him.....alive on....., 19....., death is said

to have occurred on the date stated above, at.....9:30 am.

Immediate cause of death.....

Stillborn Female

Due to

Toxemia of Pregnancy

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Thomas Staffer

(Address) 36 Tremont St.

Date 1/12/82

21

Place of Burial, Cremation or Removal.

Malden

DATE OF BURIAL

Mar 29

1982

22 NAME OF FUNERAL DIRECTOR

Charles F. Trepanier

ADDRESS

East Boston

Received and filed

19

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No.

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 7 Temple Ave.



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Sarah Ella Woodcock
(If deceased is a married, widowed or divorced woman, give also maiden name.)
7 Temple Ave.

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 29 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

5a If married, widowed, or divorced
HUSBAND of William L Woodcock
(or) WIFE of (If husband's name in full)
(If husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years 5 Months 4 Days | If less than 1 day
Hours Minutes

Usual Occupation: Housewife

Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Phillipston
(State or country) Mass

13 NAME OF FATHER Silas Washington Baker

14 BIRTHPLACE OF FATHER (City) Phillipston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Harriet LaDuke

16 BIRTHPLACE OF MOTHER (City) Canada
(State or country)

17 Informant Bernice Woodcock (Daughter)
(Address) 7 Temple Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 11/25/42

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 27, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan. 4, 1937, to Nov. 27, 1942.

I last saw her alive on Nov. 26, 1942 death is said to
have occurred on the date stated above, at 11 A.M.

Immediate cause of death..... Duration

Chronic myocarditis 1 yr

Due to Senility

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... Physician

..... Date of..... Underline the cause to which death should be charged statistically.

Of autopsy.....

What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) Louis F. Salerni M. D.
(Address) 175 Pleasant St. Date Nov. 27, 1942

21 Riverside Winchendon
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL November 30, 1942

22 NAME OF FUNERAL DIRECTOR Howard S. Purnelle
ADDRESS Winthrop Mass.

Received and filed..... 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 8427-d

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
 No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 STANDARD
 CERTIFICATE OF DEATH

(City or town making return)

Registered No. 223

2 FULL NAME Stillborn Girl Spinale
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 17 Hale St. Boston
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of stay: In hospital or institution _____ years _____ months _____ days. In this community _____ yrs. _____ mos. _____ days.
 (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Single
 5a If married, widowed, or divorced
 HUSBAND of _____ (Give maiden name of wife in full)
 (or) WIFE of _____ (Husband's name in full)
 6 Age of husband or wife if alive _____ years
 7 IF STILLBORN, enter that fact here. Stillborn ✓
 8 AGE _____ Years _____ Months _____ Days If less than 1 day _____ Hours _____ Minutes
 9 Occupation: _____
 10 Industry _____
 or Business: _____
 11 Social Security No. _____
 12 BIRTHPLACE (City) Winthrop
 (State or country) Massachusetts
 13 NAME OF FATHER James D. Spinale
 14 BIRTHPLACE OF FATHER (City) Boston
 (State or country) Massachusetts
 15 MAIDEN NAME OF MOTHER Rose Stancro
 16 BIRTHPLACE OF MOTHER (City) Boston
 (State or country) Massachusetts
 17 Informant James D. Spinale Relation, if any (Address) 17 Hale St. Boston (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
 (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/30/42 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 11-28-42
 (Month) (Day) (Year)
 19 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at 6:15 p.m. Duration _____
 Immediate cause of death Still Born
 Due to Toxemia of pregnancy
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____ Date of _____
 Of autopsy _____
 What test confirmed diagnosis? _____
 20 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify A. Thomas Shaffer M. D.
 (Signed) 36 Oronot St. B. B. (Address) Date 11/2 1942
 21 St. Michael Boston
 Place of Burial, Cremation or Removal. (City or Town)
 DATE OF BURIAL Nov. 30 1942
 22 NAME OF FUNERAL DIRECTOR Joseph Russo
 ADDRESS 42 Green St. Boston
 Received and filed _____ 19____
 (Registrar)

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Cambridge

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 1392

225

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Angus MacInnes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR) no

(a) Residence. No. 31 Read

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: in hospital or institution Hospital
(Before death) (Specify whether)

years 1 months 8 days.

In this community yrs. 1 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED Widower
or DIVORCED5a If married, widowed, or divorced
HUSBAND of Marcella MacDonald
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 91 Years Months Days If less than 1 day
Hours MinutesUsual
9 Occupation: noneIndustry
10 or Business: II

11 Social Security No. II

12 BIRTHPLACE (City) Prince Edward Island
(State or country)

13 NAME OF FATHER Angus MacInnes

14 BIRTHPLACE OF FATHER (City) P. E. I.
(State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) II
(State or country)17 Informant Roderick MacInnes (Son, if any)
(Address) 31 Read St., WinthropA TRUE COPY. Frederick H. Burke
ATTEST: (Registrar of city or town where death occurred)

DATE FILED November 3, 1942 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 1, 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Oct. 1, 1942, to Nov. 1, 1942.
I last saw him alive on Oct. 31, 1942, death is said to
have occurred on the date stated above, at 6:15 PM m.

Duration

Immediate cause of death
General Arterio Sclerosis Chron.
Cerebral Hemorrhage 2yrs.
Due to Right Hemiplegia

Due to

Other conditions none
(Include pregnancy within 3 months of death)Major findings:
Of operations
Date of
Of autopsy
Underline the cause to which death should be charged statistically.What test confirmed diagnosis? Clinical
20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify(Signed) A. W. Dudley, M. D.
(Address) Cambridge, Mass. Date 11/2/4221 PLACE OF BURIAL St. Joseph's - Boston
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL November 3, 1942 19

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS E. Boston, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4607

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

Registered No. 9586

PLACE OF DEATH
1

(County)

Boston

(City or Town)

No. Peter Bent Brigham Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Fred Ellsworth MacGregor

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

151 Pleasant St

St. Winthrop Mass

(Usual place of abode)

Length of stay: In hospital or institution..... years months 1 days.

(Specify whether)

(If nonresident, give city or town and state)

In this community yrs. mos. 1 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED Widowed

5a If married, widowed, or divorced HUSBAND of Helen E Gibbons

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 6 Months 27 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Beverages

11 Social Security No. 010-09-5513

12 BIRTHPLACE (City) Annapolis Nova Scotia
(State or country)

13 NAME OF FATHER John W MacGregor

14 BIRTHPLACE OF FATHER (City) Tennessee
(State or country)

15 MAIDEN NAME OF MOTHER Hannah Freeman

16 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)17 Informant J W MacGregor (son)
(Address) Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov 21, 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 20/42, 19....., to Nov 21/42, 19.....

I last saw him alive on Nov 21/42 19....., death is said to have occurred on the date stated above, at 7:45 a.m. Duration

Immediate cause of death.....

Acute myocardial infarction with pulmonary edema

3 wks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinic

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H W Benjamin

M. D.

(Address) Boston Mass

Date 11/21/42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem, Winthrop
(Cemetery) (City or Town)

DATE OF BURIAL Nov 24/42

19

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS

Winthrop Mass

Received and filed

Nov 25, 1942

19

(Registrar of City or Town where deceased resided)

your city or town in case the deceased resided in another city or town at the time of death should be transmitted to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-4

Suffolk

(County)

Boston

(City or Town)

PLACE OF DEATH

No. Peter Bent Brigham Hospital St.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 969427

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Cronin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

204 Lincoln St

(a) Residence. No.

(Usual place of abode)

St.

Winthrop Mass

Length of stay: In hospital or institution.

(Specify whether)

years

months

4 days.

(If nonresident, give city or town and state)

In this community yrs. mos. 4 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

Mary E. Cawthorne

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive.

years

7 IF STILLBORN, enter that fact here.

8

AGE

67 Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

Bank Guard

Industry

10 or Business:

Federal Reserve Bank

11 Social Security No.

12 BIRTHPLACE (City)

(State or country)

Chelsea Mass

13 NAME OF FATHER

Jeremiah Cronin

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

--- Marr

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

PARENTS

17

Informant (Address)

Rita Cronin

Relation, if any

(daughter)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Nov 24, 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from Nov 20/42, 19, to Nov 24/42, 19.

I last saw h. im. alive on Nov 24/42, 19, death is said to have occurred on the date stated above, at 3:25 p.m.

Immediate cause of death.

Cardiac failure with uremia mos wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H W Benjamin

M. D.

(Address)

Boston Mass

Date 11/24/42

21 PLACE OF BURIAL

CREMATION OR REMOVAL Holy Cross Cem

(Cemetery)

(City or Town)

DATE OF BURIAL Nov 28/42

22 NAME OF FUNERAL DIRECTOR

J T White

ADDRESS

E Boston Mass

Received and filed

Nov 30/42

19

(Registrar of City or Town where deceased resided)

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

Registered No. 9685

PLACE OF DEATH

(County)

Boston

(City or Town)

No. Mass General Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Wiley S Young

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

32 Edgehill Rd

St. Winthrop Mass

(Usual place of abode)

Length of stay: In hospital or institution

years

months 10 days.

(If nonresident, give city or town and state)

(Specify whether)

In this community 6 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED	(write the word)
Male	White	Married	

6a If married, widowed, or divorced
HUSBAND of Lulu M Floyd
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive. 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 years 3 Months 12 Days | If less than 1 day
Hours Minutes

9 Usual Occupation: Treasurer Richards Co

10 Industry or Business: Wholesale Metals

11 Social Security No. 028-01-1896

12 BIRTHPLACE (City)
(State or country) Nova Scotia

13 NAME OF FATHER James E Young

14 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Agnes Johnston

16 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia17 Informant Lulu M Young (wife)
(Address) (Relation, if any)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 24, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 11/15/42, 19 to 11/24/42, 19

I last saw him alive on 11/24/42, 19, death is said to have occurred on the date stated above, at 3:20p m.

Immediate cause of death Cerebral thrombosis 10 mins

Due to Cerebral arterio sclerosis 1 yr

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations Date of

Of autopsy

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. F. Houser
(Address) Boston Mass Date 11/24/4221 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop
(Cemetery) (City or Town) Mass

DATE OF BURIAL Nov 27/42 19

22 NAME OF FUNERAL DIRECTOR J E Henderson Co
ADDRESS Boston Mass

Received and filed Nov 30/42 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

Copies of returns of deaths which occurred in your city or town, in case the deceased resided in another city or town at the time of death, should be transmitted to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-10-39. No. 8427-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON
(City or town making return)
229
Registered No. **9786**

SUFFOLK
(County)
BOSTON



COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

PLACE OF DEATH

No. **Atlantic Works** **Porter St** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **George Burridge**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR.)
(a) Residence. No. **26 Shirley St** St. **Winthrop Mass**
(Usual place of abode)
(If nonresident, give city or town and state)
Length of stay: In hospital or institution..... years months days. In this community yrs. mos. **1** days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
DIVORCED **Married**
6a If married, widowed, or divorced, HUSBAND of **Mary A Adele**
(Give maiden name of wife in fu.)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive **51** years
7 IF STILLBORN, enter that fact here.
8 AGE **58** Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: **Foreman Carpenter**

10 Industry or Business: **Construction**

11 Social Security No. **014-12-8853**

12 BIRTHPLACE (City) **Nova Scotia**
(State or country)

13 NAME OF FATHER **Vincent Burridge**

14 BIRTHPLACE OF FATHER (City) **Nova Scotia**
(State or country)

15 MAIDEN NAME OF MOTHER **---**

16 BIRTHPLACE OF MOTHER (City) **Nova Scotia**
(State or country)

17 Informant **Francis J. Fay** Relation, if any **Wife**
(Address)

A TRUE COPY.

ATTEST: **Francis J. Fay**
(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH **Nov 27, 1942**
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Chronic cardio vascular disease with acute heart failure

20 Accident, suicide, or homicide (specify).....

Date of occurrence.....19.....

Where did injury occur?.....
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place?.....
(Specify type of place)

Manner of Injury.....
Nature of Injury.....

While at work?..... Was there an autopsy? **no**

21 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....
(Signed) **W H Watters** M. D. **11/27/42**
(Address)..... Date

22 **Winthrop** **Winthrop**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **Nov 30/42** 19.....

23 NAME OF FUNERAL DIRECTOR **J F O'Maley**
ADDRESS **Winthrop Mass**

Received and filed **Dec 1, 1942** 19.....

(Registrar of City or Town where deceased resided)

X

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON

(City or town making return)

SUFFOLK
(County)
BOSTONCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 10151

PLACE OF DEATH

(City or Town)

No. Cocoanut Grove Club

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Ruth I. Bornstein

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 493 Shirley

(Usual place of abode)

St. Winthrop Mass

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED S
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 17 Years Months Days If less than 1 day
Hours Minutes

Usual

9 Occupation: Student

Industry

10 or Business: High School

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass
(State or country)

13 NAME OF FATHER Morris Bornstein

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Mary Kabatchnick

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant Morris Bornstein (Father)
(Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 28 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Carbon monoxide poisoning
Inhalation of smoke at holocaust

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did

Injury occur?

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in
public place?

(Specify type of place)

Manner of
InjuryNature of
Injury

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Watters M. D.

(Address) Date 19

22 Winthrop Cong Everett Mass

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec 1 19

23 NAME OF FUNERAL DIRECTOR B Schlossberg & Son

ADDRESS

Received and filed Dec 3 1942 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39, No. 8427-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON

(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 10008

SUFFOLK
BOSTON
(County)

PLACE OF DEATH

(City or Town)

No. 17 Piedmont St

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Helen V Brooks

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence, No. 27 Washington Ave

St. Winthrop Mass

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single5a If married, widowed, or divorced
HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of:

(Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 27 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: Secretary

10 Industry or Business: Boston Paper Board Co

11 Social Security No. 012-12-9336

12 BIRTHPLACE (City)
(State or country) Cambridge Mass

13 NAME OF FATHER William W Brooks

14 BIRTHPLACE OF FATHER (City)
(State or country) Boston Mass

15 MAIDEN NAME OF MOTHER Alice Martin

16 BIRTHPLACE OF MOTHER (City)
(State or country) Cambridge Mass17 Informant (Address) Relation, if any
(father)

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH Nov 28, 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Carbon monoxide poisoning
Smoke inhalation
(Holocaust)

20 Accident, suicide, or homicide (specify) Accident

Date of occurrence Nov 28, 1942

Where did injury occur? Boston
(City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in
public place? Coconut Grove Night Club
(Specify type of place)

Manner of Injury Conflagration

Nature of injury

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A P McCarthy M. D.
(Address) Boston Date 11/29/4222 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec 2, 1942 19

23 NAME OF FUNERAL DIRECTOR Daniel F O'Brien

ADDRESS Cambridge Mass

Received and filed Dec 2, 1942 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39, No. 8427-g

Suffolk

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 9785

PLACE OF DEATH

(County)

Boston

(City or Town)

No. Boston City Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Jeremiah Curran

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

29 Tewksbury St.

St.

Winthrop Mass

(Usual place of abode)

Length of stay: In hospital or institution..... years months 10 days.

(Specify whether)

(If nonresident, give city or town and state)
In this community yrs. mos. 10 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

6a If married, widowed, or divorced HUSBAND of Marie Casey
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Watchman

10 Industry or Business: W P A

11 Social Security No. 023-16-9890

12 BIRTHPLACE (City) (State or country) Boston Mass

13 NAME OF FATHER Nicholas Curran

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER --- Wiltshire

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant W Curran (Address) (Relation, if any) son

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 28, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Nov 25/42, 19, to Nov 28/42, 19.

I last saw h.....alive on....., 19, death is said to have occurred on the date stated above, at 2 a.m.

Immediate cause of death..... Syphilitic aortitis with aneurysm

Due to Broncho pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? Autopsy

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M W O'Connell

(Address) Boston Mass

Date 11/28/42

21 PLACE OF BURIAL Winthrop Winthrop
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL Nov 30, 1942

22 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass

Received and filed Dec 1, 1942

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. **9860**

233

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. **4 PIEDMONT ST BOSTON**

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **ALBERT D. ROSENFARB**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **40 CUTLER ST**

(Usual place of abode)

St. **WINTHROP MASS**

(If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **MALE** 4 COLOR OR RACE **WHITE** 5 SINGLE (write the word) **MARRIED**
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced **EDITH MARTER**
HUSBAND of: (Give maiden name of wife in full)

(or) WIFE of: (Husband's name in full)

6 Age of husband or wife if alive **28** years

7 IF STILLBORN, enter that fact here.

8 AGE **32** Years Months Days If less than 1 day Hours Minutes

9 Occupation: **MANAGER IN FACTORY**

10 Industry or Business: **LADIES CAPES**

11 Social Security No.

12 BIRTHPLACE (City) **PALESTINE**
(State or country)

13 NAME OF FATHER **JOSEPH ROSENFARB**

14 BIRTHPLACE OF FATHER (City) **RUSSIA**
(State or country)

15 MAIDEN NAME OF MOTHER **RACHEL GURALNICK**

16 BIRTHPLACE OF MOTHER (City) **RUSSIA**
(State or country)

17 Informant (Address) Relation, if any

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH **Nov 28 1942**
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

CARBON MONOXIDE POISONING
SMOKE INHALATION HOLOCAUST

20 Accident, suicide, or homicide (specify).....

Date of occurrence **NOV 28 19 42**

Where did injury occur? **BOSTON MASS**
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? **COCONUT GROVE NIGHT CLUB**
(Specify type of place)

Manner of injury **CONFLAGRATION**

Nature of injury

While at work?..... Was there an autopsy?.....

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **FRANCIS P. MCCARTHY** M. D.
(Address) **371 COMLTH AVE** Date **11-29 19 42**

22 **BETH ISRAEL NORTH READING**
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **NOV 30 1942** 19

23 NAME OF FUNERAL DIRECTOR **MORRIS SCHWARTZ**
ADDRESS **448 FERRY ST MALDEN**

Received and filed **DEC 1 1942** 19

(Registrar of City or Town where deceased resided)

25m-10-39. No. 8427-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

BOSTON

(City or town making return)

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Registered No. 9834

234

1 PLACE OF DEATH

(County) **SUBSCK**
(City or Town)No. **COCOANUT GROVE 17 PIEDMONT**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **FLORENCE YAFFE**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(H. U. S.
War Veteran,
specify WAR)(a) Residence, No. **15 SEA FOAM AVE**St. **WINTHROP MASS**

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

years

months

days

In this community yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **FEMALE** 4 COLOR OR RACE **WHITE** 5 SINGLE (write the word) **SINGLE**
MARRIED
WIDOWED
or DIVORCED5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE **20** Years Months Days If less than 1 day Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)
(State or country)15 MAIDEN NAME
OF MOTHER16 BIRTHPLACE OF
MOTHER (City)
(State or country)17 Informant Relation, if any
(Address)

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Nov 28 1942**

(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

CONFLAGRATION**TRAPPED IN BURNING BUILDING
ACCIDENTAL**20 Accident, suicide, or homicide (specify) **ACCIDENT**Date of occurrence **Nov 28 19 42**Where did
Injury occur? **BOSTON MASS**
(City or town and State)Did injury occur in or about the home, on farm, in industrial place, or in
public place? **PUBLIC PLACE**
(Specify type of place)Manner of
Injury **SUFFOCATION**Nature of
Injury **ASPHYXIATION BY SMOKE**While at work? **NO** Was there an autopsy? **NO**

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **J. A. GREENE**(Address) **2203 MASS AVE C** Date **11-29 19 42**22 **INT. WORKERS FULLER ST EVERETT**

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL **Nov 30 1942** 1923 NAME OF FUNERAL DIRECTOR **BARNEY SCHLOSSBERG**
ADDRESS **272 BLUE HILL AVE MATT**Received and filed **DEC 1 1942** 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39, No. 8427-g

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 1544

PLACE OF DEATH

Middlesex
(County)Cambridge
(City or Town)

No. Charlesgate Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Ruth Isabel Travis
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran, no
specify WAR)(a) Residence. No. 53 Prospect Avenue
(Usual place of abode) Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital years months 6 days. In this community yrs. mos. 6 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Elon N. Travis
(Husband's name in full)

6 Age of husband or wife if alive 35 years

7 IF STILLBORN, enter that fact here.

8 AGE 33 Years Months 3 Days If less than 1 day
Hours Minutes

Usual Occupation: Housewife

Industry or Business: At Home

11 Social Security No. none

12 BIRTHPLACE (City)
(State or country) Wakefield, Mass.

13 NAME OF FATHER George Knight

14 BIRTHPLACE OF FATHER (City) South Boston
(State or country) Mass.15 MAIDEN NAME Louise Paquette
OF MOTHER16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.17 Informant Elon N. Travis (Relation, if any)
(Address) 53 Prospect Ave., WinthropA TRUE COPY. *Fredrick H. ...*

ATTEST: (Registrar of city or town where death occurred)

DATE FILED December 3, 1942 19

18 DATE OF DEATH November 30, 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
Sept. 2, 1942, to Nov. 30, 1942I last saw her alive on Nov. 30, 1942, death is said to
have occurred on the date stated above, at 1:45 PM m.

Immediate cause of death.

Acute Cardiac Dilatation

Due to Rheumatic Heart Disease
c Cardiac DecompensationDue to and pulmonary Edema
Intra Ventricular Heart
BlockOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations.

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. A. Forziatia M. D.
(Address) Cambridge Date 11/30/194221 PLACE OF BURIAL, St. Joseph's - W. Roxbury
CREMATION OR REMOVAL (Cemetery) (City or Town)

DATE OF BURIAL December 3, 1942 19

22 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS East Boston, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 10322

No. JEWISH MEMORIAL HOSPITAL, 45 TOWNSEND St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MINNIE GREENBERG

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 21 STURGIS ST.

St. WINTHROP MASS.

(Usual place of abode)

Length of stay: In hospital or institution. HOSP. years months 16 days.

(Specify whether)

(If nonresident, give city or town and state)
In this community yrs. mos. 16 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
FEMALE4 COLOR OR RACE
WHITE5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED
WIDOW5a If married, widowed, or divorced
HUSBAND of ELIAS GREENBERG
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days If less than 1 day
Hours Minutes

9 Usual Occupation: HOUSEWIFE

10 Industry
or Business:

11 Social Security No.

12 BIRTHPLACE (City) BOSTON
(State or country) MASS13 NAME OF FATHER
HERMAN MANIS14 BIRTHPLACE OF FATHER (City)
(State or country) GERMANY15 MAIDEN NAME OF MOTHER
UNKNOWN16 BIRTHPLACE OF MOTHER (City)
(State or country) RUSSIA17 Informant FLORENCE LEVY Relation, if any
(Address) 30 KINROSS RD BRIGHTON MASS DAUGHTER

A TRUE COPY

ATTEST: Francis J. [Signature]
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH DEC 1 1942
(Month) (Day) (Year)19 I HEREBY CERTIFY. That I attended deceased from
Nov 16, 1942, to Dec 1, 1942I last saw her alive on Nov 30, 1942, death is said
to have occurred on the date stated above, at 12:10 P.m.

Immediate cause of death. CEREBRAL HEMORRHAGE 3 DAYS

Due to CEREBRAL ARTERIOSCLEROSIS 6 MOS.

Due to GENERALIZED ARTERIOSCLEROSIS YEARS ?

Other conditions (Include pregnancy within 3 months of death) PHYSICIAN

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis? CLINICAL
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) SIMON RICHMOND M. D.
(Address) 271 HUMBOLDT AVE Date DEC 1, 194221 PLACE OF BURIAL, CREMATION OR REMOVAL OHABEI SHALOM EAST BOSTON
(Cemetery) (City or Town)

DATE OF BURIAL DEC 3 1942 19

22 NAME OF FUNERAL DIRECTOR BENJAMIN F. SOLOMON
ADDRESS 420 HARVARD ST. BROOKLINE

Received and filed DEC 4 1942 19

(Registrar of City or Town where deceased resided)



UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20246

TO: [Name]
FROM: [Name]
SUBJECT: [Subject]

1. [Text]
2. [Text]
3. [Text]

4. [Text]
5. [Text]
6. [Text]

7. [Text]
8. [Text]
9. [Text]

10. [Text]
11. [Text]
12. [Text]

information should be carefully supplied. AG should be stated EXACTLY. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate is very important.

10M-A-1-42-8511

PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 209

No. Winthrop Conn. Hosp. Lincoln St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John S. Foley { (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 133 Cliff Ave. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months 5 days. (Specify whether) In this community 36 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Widowed or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Mary E. Marshall (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days If less than 1 day Hours Minutes

9 Occupation: Retired Asst. Supt. Mail

Industry Post office

10 or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) East Boston (State or country) Mass.

13 NAME OF FATHER Unknown Foley

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Elizabeth

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Information (Address) Mrs. Mary Foley (Wife) 133 Cliff Ave. Winthrop

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chidress

(Signature of Agent of Board of Health or other)

Health Officer 12/7/42

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 6 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1942, to Dec. 6, 1942

I last saw him alive on Dec. 5, 1942, death is said to have occurred on the date stated above, at 9 am.

Immediate cause of death

Pulmonary Edema

Due to RT Hemiplegia (Cerebral Hemorrhage) Dec. 1/42

Due to Hypertension? High blood pressure? 1936

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

What test confirmed diagnosis? Clean self-examination

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. S. Chidress M. D.

(Address) 1902 Washington St. Date Dec 6 1942

21 Winthrop Cemetery Winthrop

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec. 9 1942

22 NAME OF FUNERAL DIRECTOR J. C. Kirby

ADDRESS 171 Huntington St. N. B.

Received and filed DEC 10 1942 19 (Registrar)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Chelsea
(City or town making return)

893

Registered No. World 1

PLACE OF DEATH

Suffolk
(County)

Chelsea
(City or Town)

No. Soldiers' Home Hosp.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harold Thomas Goldthwaite
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 162 Washington Av. St. Winthrop, Mass.

(Usual place of abode)

Length of stay: In hospital or institution hospital years months 3 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE wh 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years 4 Months Days If less than 1 day Hours Minutes

Usual
9 Occupation: Engineer

Industry
10 or Business: M.D.C.

11 Social Security No.

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

13 NAME OF
FATHER Horace T.

14 BIRTHPLACE OF
FATHER (City) Biddeford
(State or country) Maine

15 MAIDEN NAME
OF MOTHER Mary Ellen Phillips

16 BIRTHPLACE OF
MOTHER (City) Pleasant Bay
(State or country) Nova Scotia

17 Informant Mrs. Louis P. Maher Relation, if any sister
(Address) 21 Campbell St., W. Quincy

A TRUE COPY.

ATTEST: Joseph A. Russell
(Registrar of city or town where death occurred)

DATE FILED Dec. 7, 1942

MEDICAL CERTIFICATE OF DEATH

13 DATE OF
DEATH December 5, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE and MANNER thereof
are as follows: (If an injury was involved, state fully.)

Fractured Skull
Traumatic Intracranial Hemorrhage

20 Accident, suicide, or homicide (specify) accidental

Date of occurrence Dec. 2 - 1, 1942

Where did
injury occur? Boston
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in
public place? bl

(Specify type of place)
Manner of Well at Deer Island on
injury

Nature of
injury Dec. 2, 1942

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify am. J. Brickley, M.D.

(Signed) Boston, Mass. Date 12/5/42 M. D.

22 Cedar Grove Cem., Dorchester, Mass.
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec. 8, 1942

23 NAME OF Sigrid A. Russell
FUNERAL DIRECTOR per Harold A. Thurston
ADDRESS 644 Hancock St., Wollaston

Received and filed Dec. 7, 1942

(Registrar of City or Town where deceased resided)

(see reverse side)

25m-10-39, No. 8427-g




JAN 31 1917

Boatswain's Mate 1 c (Confirmed) U.S. Naval Reserve Force Class 2
March 8, 1917 - Enlisted
March 10, 1920 - Date of Discharge
Cedar Grove Cemetery, Dorchester, Mass., Lot 1924 Walnut Av., Grave #2

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-1-39, No. 8427-e

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
1	(County) <u>Spoose</u> (City or Town) <u>Methuen</u>	 STANDARD CERTIFICATE OF DEATH		Registered No. <u>239</u>	
No.	<u>36 Taylor St</u>			St.	{ (If death occurred in a hospital or institution, give its NAME instead of street and number)
2	FULL NAME <u>Hugh McCacheon</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ (If U. S. War Veteran, specify WAR) <u>no</u>		
(a) Residence, No.		<u>36 Taylor St</u>	St.	(If nonresident, give city or town and state)	
Length of stay: In hospital or institution.....		years	months	days.	In this community <u>40</u> yrs. mos. days.
(Specify whether)					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE	(write the word)		
<u>Male</u>	<u>White</u>	<u>MARRIED</u>	<u>married</u>		
5a If married, widowed, or divorced					
HUSBAND of <u>James O'Donnell</u> (Give maiden name of wife in full)					
(or) WIFE of <u>James O'Donnell</u> (Husband's name in full)					
6 Age of husband or wife if alive <u>67</u> years					
7 IF STILLBORN, enter that fact here.					
8 AGE <u>66</u> Years. — Months — Days If less than 1 day Hours — Minutes					
9 Occupation: <u>Plumber</u>					
10 or Business: <u>self</u>					
11 Social Security No. <u>NONE</u>					
12 BIRTHPLACE (City) <u>M.S.</u> (State or country)					
13 NAME OF FATHER <u>John McCacheon</u>					
14 BIRTHPLACE OF FATHER (City) <u>M.S.</u> (State or country)					
15 MAIDEN NAME OF MOTHER <u>Mary McLaughlin</u>					
16 BIRTHPLACE OF MOTHER (City) <u>M.S.</u> (State or country)					
17					
100m-10-1-39, No. 8427-e		Informant <u>James O'Donnell</u> Relation, if any <u>son</u> (Address) <u>36 Taylor St</u>			
1 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:					
<u>John D. Hildreth</u> (Signature of Agent or Board of Health or other) <u>DEC 10 1942</u> (Official Designation) (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH <u>Dec 7 1942</u> (Month) (Day) (Year)					
19 I HEREBY CERTIFY. That I attended deceased from <u>12/6/42</u> , 19 <u>42</u> , to <u>12/6/42</u> , 19 <u>42</u> . I last saw him alive on <u>12/6/42</u> , 19 <u>42</u> . death is said to have occurred on the date stated above, at <u>3:30 a.m.</u>					
Immediate cause of death <u>Chronic Coronary Disease</u>					
Due to <u>Chronic Alcoholicism</u>					
Due to <u>Chronic Alcoholicism</u>					
Other conditions <u>—</u> (Include pregnancy within 3 months of death)					
Major findings: <u>—</u>					
Of operations <u>—</u>					
Of autopsy <u>no</u>					
What test confirmed diagnosis? <u>Clinical</u>					
20 Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify <u>Chronic Alcoholicism</u> M. D.					
(Signed) <u>Charles Liberman</u> (Address) <u>24 Waverley Ave.</u> Date <u>12/8/42</u>					
21 <u>Hot Cross Buns</u> Place of Burial, Cremation or Removal (City or Town)					
DATE OF BURIAL <u>Dec 9</u> 19 <u>42</u>					
22 NAME OF FUNERAL DIRECTOR <u>M. H. Hildreth</u>					
Address <u>36 Taylor St Methuen</u>					
Received and filed <u>DEC 10 1942</u> 19 <u>42</u>					
(Registrar)					

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-19, No. 8427-4

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH



PLACE OF DEATH
1 Suffolk
(County)
Boston
(City or Town)
No. Mass Gen Hos

(City or town making return) 340
Registered No. 10605

2 FULL NAME Agnes Elizabeth Atcherly
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence, No. 164 Woodside Av St. Winthrop Mass
(Usual place of abode)
Length of stay: In hospital or institution... years months days. (Specify whether) In this community yrs. mos. days.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(If U. S. War Veteran, specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED W (write the word)
5a If married, widowed or divorced HUSBAND of Edward Vincent Atcherly (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 Age of husband or wife if alive... years
7 IF STILLBORN, enter that fact here.
8 AGE 73 Years 1 Months 13 Days If less than 1 day Hours Minutes
9 Usual Occupation: At Home
10 Industry or Business: -
11 Social Security No. -
12 BIRTHPLACE (City) (State or country) E Boston
13 NAME OF FATHER George Phillips
14 BIRTHPLACE OF FATHER (City) (State or country) Wilmington Del
15 MAIDEN NAME OF MOTHER Esther Daley
16 BIRTHPLACE OF MOTHER (City) (State or country) New York City

17 Informant Robert V Atcherley (Address) (Address) Relation, if any Son

A TRUE COPY Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 9 1942 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw h... alive on 19... death is said to have occurred on the date stated above, at... m. Duration
Immediate cause of death... Collapsed 1st lung Senility Fractured femur acc Oct 6 or Nov 6 Winthrop Mass
Due to Fell accidentally at her home on Oct and Nov 6 1942
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of... Of autopsy What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Wm J Brickley * M. D. (Address) Date 19...

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem Winthrop Mass (Cemetery) (City or Town)

DATE OF BURIAL Dec 12 19

22 NAME OF FUNERAL DIRECTOR Charles R Bennison ADDRESS

Received and filed Dec 11 1942 19

(Registrar of City or Town where deceased resided)

information should be carefully supplied. ACO should be stated EXACTLY. Exact statement of OCCUPATION
CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

241

Registered No.

No. 19 Williams St. Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cora Belle (Gardiner) Pero (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence, No. 19 Williams St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution. None years months days. In this community 59 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Edward P. Pero (Husband's name in full)

6 Age of husband or wife if alive. Deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years 2 Months 17 Days If less than 1 day AGE Hours Minutes

Usual Occupation: At Home

Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Providence (State or country) Rhode Island

13 NAME OF FATHER Nicholas B. Gardiner

14 BIRTHPLACE OF FATHER (City) Rhode Island (State or country)

15 MAIDEN NAME OF MOTHER Frances Ray

16 BIRTHPLACE OF MOTHER (City) Cork (State or country) Ireland

17 Informant Mrs. Earl M. Petersen, Daugh (Address) 19 Williams St. Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 12/11/42

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 9 1942 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 16, 1942 to Dec 9, 1942. I last saw him alive on Dec 7, 1942 death is said to have occurred on the date stated above, at 1238 P. m. Immediate cause of death.

Due to Chronic Myocarditis 2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis J. Salerno M. D.

(Address) 178 Pleasant St. Date Dec 10 1942

Place of Burial, Cremation or Removal Winthrop Cemetery, Winthrop (City or Town)

DATE OF BURIAL December 11 1942

22 NAME OF FUNERAL DIRECTOR Richard A. Kirby

ADDRESS 17 Bennington St. E. B.

Received and filed 19

(Registrar)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-C-2-42-8855

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

242

Registered No.

1 PLACE OF DEATH {
Suffolk
(County)
Methuen
(City or Town)
No. 104 Highland Ave
St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Julie Harrington
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 511 Shirley St.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of stay: In hospital or institution 6 years 6 months days. In this community 25 yrs. mos. days.
(Before death) (Specify whether)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Female	4 COLOR OR RACE White	5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single	18 DATE OF DEATH Dec 12 1942 (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)			19 I HEREBY CERTIFY, That I attended deceased from Apr 12 1942, to Dec 12 1942 I last saw h. alive on Dec 12 1942, death is said to have occurred on the date stated above, at 1455 A. M. Immediate cause of death: Myocardial Infarction	
6 Age of husband or wife if alive years			Duration 3 days IMPORTANT	
7 IF STILLBORN, enter that fact here.				
8 AGE 80 Years Months Days If less than 1 day AGE 80 Years Months Days Hours Minutes				
9 Usual Occupation: Laundress			Due to Chronic Myocarditis yes	
10 Industry or Business: Laundry			Due to Emphysema	
11 Social Security No.			Other conditions: Chronic Emphysema (Include pregnancy within 3 months of death)	
12 BIRTHPLACE (City) St. Johnsbury (State or country) Vermont			14th IMPORTANT	
13 NAME OF FATHER Robert Francis Harrington			Major findings: — Of operations: — Date of: — Of autopsy: — What test confirmed diagnosis? Cholesterol	
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)			Physician Underline the cause to which death should be charged statistically.	
15 MAIDEN NAME OF MOTHER Bridget O Connor			20 Was disease or injury in any way related to occupation of deceased? No If so, specify: Chronic Emphysema (Signed) William D. Chidress M. D. (Address) 148 Mt. Pleasant St. Date 12-12-1942	
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)			21 Place of Burial, Cremation or Removal 14 (City or Town) DATE OF BURIAL Dec 14 1942 19	
17 Informant Delia Carmichael (Address) Lowell, Mass. (Relation, if any) (Sister)			22 NAME OF FUNERAL DIRECTOR John F. O'Neale ADDRESS Methuen, Massachusetts	
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: William D. Chidress (Signature of Agent of Board of Health or other) Agent 12/13/42 (Official Designation) (Date of issue of Permit)			Received and filed 19 (Registrar)	

PARENTS

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

243

1 PLACE OF DEATH
Suffolk
(County)
Milton
(City or Town)
No. 500 Pleasant St.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Joseph J. Mulloy*
(Deceased is married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
If so specify WAR)

(a) Residence, No. 500 Pleasant St.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution. years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

18 DATE OF DEATH Dec. 19, 1942
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of *Wife Mulloy*
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Nov. 20, 1942, to Dec 19, 1942.
I last saw him alive on Dec 18, 1942, death is said to
have occurred on the date stated above, at 4 p.m.

6 Age of husband or wife if alive 54 years

Immediate cause of death. *Pulmonary Embolism*
Duration *Sudden*
IMPORTANT

7 IF STILLBORN, enter that fact here.
8 AGE 57 Years Months Days | If less than 1 day
Hours Minutes

Due to

Usual
9 Occupation: Dentist

Due to

10 Industry or Business:
11 Social Security No.

Other conditions. *Diabetes*
(Include pregnancy within 3 months of death)

12 BIRTHPLACE (City) *East Boston*
(State or country) *Massachusetts*

Major findings:
Of operations

IMPORTANT
Physician

13 NAME OF FATHER *James J. Mulloy*

Date of

14 BIRTHPLACE OF FATHER (City) *Newfoundland*
(State or country)

Of autopsy

Underline
the cause to
which death
should be
charged sta-
tistically.

15 MAIDEN NAME OF MOTHER *Mary E. McLeod*

What test confirmed diagnosis?

16 BIRTHPLACE OF MOTHER (City) *Charlestown*
(State or country) *Massachusetts*

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

17 Informant *Elta Keefe Mulloy* (Relation, if any)
(Address) *500 Pleasant St. Milton*

(Signed) *Jan J. Hawley* M. D.
(Address) *874 Coll St. Cambridge* Date *12-19, 1942*

21 *Milton*
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL *December 20, 1942*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR *John F. O'Malley*

ADDRESS *Milton Mass.*

(Signature of Agent of Board of Health or other)
Health Officer 12/21/42
(Official Designation) (Date of Issue of Permit)

Received and filed *DEC 21 1942*

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physiolan or registered hospital-medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACT statement of OCCUPATION in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 25 Tewksbury St.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Scannell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Tewksbury

St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of stay: In hospital or institution

(Specify whether)

years

months

days

In this community

yrs.

mos.

days.

Signed for Board of Health

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

FEMALE

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED Single
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 1 Years 2 Months 26 Days If less than 1 day Hours Minutes

Usual Occupation: None

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) South Boston
(State or country) Mass.

13 NAME OF FATHER

John T. Scannell

14 BIRTHPLACE OF FATHER (City)
(State or country)

Roxbury

15 MAIDEN NAME OF MOTHER

Lillian F. Crowley

16 BIRTHPLACE OF MOTHER (City)
(State or country)

East Boston

17

Relation, if any

Informant Lillian Scannell (Mother)
(Address) 25 Tewksbury St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

244

Registered No.

(If U. S.
War Veteran,
specify WAR)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December

19 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
, 19, to Dec 19, 1942I last saw her alive on Dec 17, 1942 death is said to
have occurred on the date stated above, at 1:10 P. M.

Immediate cause of death

Acute endocarditis
General septicemiaDuration
IMPORTANT

24 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis?

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel J. O'Brien M. D.

(Address) 111 N. St. Date Dec 28, 1942

21 Holy Cross Malden

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL December 21, 1942 19

22 NAME OF

FUNERAL DIRECTOR Charles Treavor

ADDRESS East Boston

Received and filed 19

(Registrar)

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief, the name of the deceased, his supposed age, the disease of which he died, the place where he died, the date of death, the date when he contracted the disease, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

SPACE FOR ADDITIONAL INFORMATION.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health** physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Cambridge

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 1721

245

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Cambridge City Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Baby Boy Riley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 171 Cottage Park Road

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital
(Before death) (Specify whether)

years

months

1 days

In this community

yrs.

mos.

1 days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED Single
or DIVORCED18 DATE OF
DEATH

December 22, 1942

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h..... alive on....., 19....., death is said to
have occurred on the date stated above, at.....m.

Duration

Immediate cause of death

Stillborn

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE..... Years..... Months..... Days | If less than 1 day
Hours..... Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Cambridge, Mass.

Other conditions.....
(Include pregnancy within 3 months of death)

Physician

Major findings:
Of operations.....

Date of.....

Of autopsy.....

What test confirmed diagnosis?.....

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) P. McGowan

M. D.

(Address) Cambridge

Date 12/24/42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross -- Malden

(Cemetery)

(City or Town)

DATE OF BURIAL

December -- 1942

22 NAME OF
FUNERAL DIRECTOR

M.J. Kelly

ADDRESS

Boston, Mass.

Received and filed

(Registrar of City or Town where deceased resided)

17 Informant
(Address)

Mary Riley

Relation, if any

171 Cottage Park Rd., Winthrop

A TRUE COPY.

Frederick H. Burke

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

December 30, 1942

19

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **246**

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Leona Foster Buchnam**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence, No. **993 Shirley St**
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution **Hospital** years **1** months **4** days. In this community **12** yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Single**

18 DATE OF DEATH **December 30 1941**
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
November 19 42 to **December 30 1942**
I last saw him alive on **December 3 1942**, death is said to
have occurred on the date stated above, at **3:15** p.m.

6 Age of husband or wife if alive years

Immediate cause of death **Carcinoma - uterus -**
IMPORTANT

7 IF STILLBORN, enter that fact here.

8 AGE **60** Years **10** Months **27** Days | If less than 1 day
Hours Minutes

Due to

Usual Occupation: **Designer**

Due to

Industry or Business: **Dress**

11 Social Security No. **None**

Other conditions **Carcinoma - Breast - Liver - Intestines**
(Include pregnancy within 8 months of death)

12 BIRTHPLACE (City) **Portland**
(State or country) **Maine**

Major findings: Of operations

13 NAME OF FATHER **Alonzo**

Date of

14 BIRTHPLACE OF FATHER (City) **Portland**
(State or country) **Maine**

Of autopsy

15 MAIDEN NAME OF MOTHER **Adriana**

What test confirmed diagnosis?

16 BIRTHPLACE OF MOTHER (City) **Bath**
(State or country) **Maine**

20 Was disease or injury in any way related to occupation of deceased? If so, specify

17 Informant **Paul Buchnam Brother**
(Address) **6 Loring Rd. Winthrop**

(Signed) **Edward J. Pranger** M. D.
(Address) **200 W. Main St.** Date **12.31 1942**

21 **Woodlawn Crematory** **Everett**
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL **Jan. 1 1943**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

22 NAME OF FUNERAL DIRECTOR **Howard S. Pringle**
ADDRESS **Winthrop, Mass.**

(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) **12/31/42**

Received and filed. **19**

(Registrar)

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 33, Sec. 6.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Blank some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **247**

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Station Hospital, Fort Banks, Mass.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **ERNEST (None) REAGAN**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **General Delivery**
(Usual place of abode)

st. Gatlinburg, Tenn.
(If nonresident, give city or town and State)

Length of stay: In hospital or institution **0** years **0** months **3** days.
(Before death) (Specify whether)

In this community **-** yrs. **-** mos. **-** days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran.
If so specify WAR) **World War 2**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**

5a If married, widowed, or divorced
HUSBAND of **Unknown**
(Give maiden name of wife in full)
(or) WIFE of **Unknown**
(Husband's name in full)

6 Age of husband or wife if alive **Unknown** years

7 IF STILLBORN, enter that fact here. **--**

8 AGE **42** Years **7** Months **28** Days | If less than 1 day
Hours **--** Minutes **--**

Usual
9 Occupation: **Soldier**

Industry
10 or Business: **U. S. Army**

11 Social Security No. **Unknown**

12 BIRTHPLACE (City) **Gatlinburg, Tennessee**
(State or country)

PARENTS

13 NAME OF
FATHER **Unknown**

14 BIRTHPLACE OF
FATHER (City) **Unknown**
(State or country)

15 MAIDEN NAME
OF MOTHER **Unknown**

16 BIRTHPLACE OF
MOTHER (City) **Unknown**
(State or country)

17 Informant **U. S. Army** (Relation, if any)
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **11/1/43** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH **December 31, 1942**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec. 27, 1942 to Dec. 31, 1942

I last saw him **Dec. 31, 1942** alive on **Dec. 31, 1942**, death is said to
have occurred on the date stated above, at **1:10 a.** m.

Immediate cause of death **Pneumonia, primary,**
atypical, acute, etiology unknown,
severe, left lower lobe.
Due to **etiology unknown**

Due to **--**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **None**

Date of **--**

Of autopsy **Confluent hemorrhagic
broncho-pneumonia, both lungs**

What test confirmed diagnosis? **--**

20 Was disease or injury in any way related to occupation of deceased?
If so, specify **Phonograph**

(Signed) **THOMAS F. FAY** 1st Lt. M. C. M. D.
(Address) **Station Hospital, Fort Banks, Mass.** Date **Dec. 31, 1942**

21 Place of Burial, Cremation or Removal **Knownville, Tenn.**
(City or Town)

DATE OF BURIAL **Jan 3, 1943**

22 NAME OF
FUNERAL DIRECTOR **Wm. & Wm.**
ADDRESS **254 Grand St. Boston**

Received and filed **19**

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. C. L. Chap. 46, Sec. 10.

by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

Copies of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

248

Registered No. 10720

1 PLACE OF DEATH
Suffolk
(County)
Boston
(City or Town)
No. Mass General Hospital


St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Katziff
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence, No. 11 Sea Foam Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 1 days. In this community 10 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of Celia Mussell
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife If alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days If less than 1 day Hours Minutes

Usual Occupation: Watchman

Industry or Business: Nat D Stores

11 Social Security No. 031-07-6301

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Hirsch Katziff

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Rachael ---

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) (Relation, if any) wife

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 11, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fractured skull
Traumatic intracranial hemorrhage

20 Accident, suicide, or homicide (specify) Pres. acc.
Date of occurrence Dec 10/42 19

Where did Injury occur? Boston
(City or town and State)

Did Injury occur in or about the home, on farm, in industrial place, or in public place? Street
(Specify type of place)

Manner of Injury Struck by an auto at Boston

Nature of Injury On Dec 10/42 Pedestrian

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm J Brickley, M. D.
(Address) Boston Mass Date Dec 11/42

22 Bessarbian Cem Everett Mass
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Dec 13, 1942 19

23 NAME OF FUNERAL DIRECTOR J H Levine
ADDRESS Boston Mass

Received and filed Dec 15/42 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 720249

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Carter

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 21 Pearl Av.

(Usual place of abode)

hospital

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In hospital or Institution years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Married5a If married, widowed, or divorced
HUSBAND of Mary Adamson

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 0 Months 15 Days If less than 1 day
Hours Minutes

Elevator Operator

9 Occupation:

10 Industry or Business: unknown

11 Social Security No. Pittsfield, Mass.

12 BIRTHPLACE (City) Eli
(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) Chester, Mass.
(State or country) Martha Eldredge

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) Mass.
(State or country) Hospital Records17 Informant (Address) (Relation, if any)
Joseph A. Tyrrell

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Dec. 26, 1942 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec. 26, 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that deceased died on 12 Dec. 26, 1942

I last saw him alive on 12/26/42, death is said to have occurred on the date stated above, at 3:05 p.m.

Immediate cause of death

Myocardial failure

Duration 12 hrs.

Due to Generalized arterio yrs.

sclerosis

Due to Arterio sclerotic heart

disease yrs.

Other conditions (Include pregnancy within 8 months of death)

Cardiac asthma

Physician

Major findings:
Of operations

Date of

Of autopsy clinical

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. F. Keenan M. D.

(Address) Soldiers' Home Date 12/26/42

21 PLACE OF BURIAL Winthrop Cem. Winthrop, Mass.

DATE OF BURIAL Dec. 29, 1942 (City or Town)

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS 170 Winthrop St. Winthrop

Received and filed 9 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

HOLYOKE
(City or town making return)

250

Registered No.

1 PLACE OF DEATH
Hampden
(County)
HOLYOKE
(City or Town)
No. 69 Suffolk St.



St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Walter D. Drechsler
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 57 Emerson Road St. Winthrop Mass.
(Usual place of abode)

Length of stay: In hospital or institution years months days. In this community yrs. mos. / days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of: Clara W. Hodgkins
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 60 Years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years - Months - Days 16 less than 1 day Hours Minutes

Usual Occupation: Salesman

Industry or Business: School supply Co.

11 Social Security No. 028-15-5036

12 BIRTHPLACE (City) Butternut Wisconsin
(State or country)

13 NAME OF FATHER Hermann Drechsler

14 BIRTHPLACE OF FATHER (City) cannot be learned
(State or country)

15 MAIDEN NAME OF MOTHER Anna Siefert

16 BIRTHPLACE OF MOTHER (City) cannot be learned
(State or country)

17 Informant (Address) Mrs. Clara W. Drechsler (wife)
Winthrop Mass. Relation, if any

A TRUE COPY.

ATTEST:
(Registrar of city or town where death occurred)

DATE FILED Dec. 31 19 42

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH December 30 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Presumably acute pulmonary
edema. Acute dilatation left side
of heart. Hypertension.

20 Accident, suicide, or homicide (specify) no

Date of occurrence 19

Where did
injury occur?
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in
public place?
(Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James B. Bigelow M. D.

(Address) 109 Suffolk St. Date 12-30-42

22 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Jan. 19 43

23 NAME OF FUNERAL DIRECTOR F. B. Alger

ADDRESS 167 Chestnut St. Holyoke

Received and filed 9 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 8427-d

PLACE OF DEATH

1

2 FU

(a)

Length of

3 SEX

5a If m
HUSBAN

(or) WD

6 Age o

7 IF STI

8 AGE.....

Usual

9 Occu

Indus

10 or B

11 Socie

12 BIRT

(Sta

13 P

14 E

(S

15 E

16 E

17

Infor

(Addr

State Board of Health
Bureau of Vital Statistics

CERTIFICATE OF DEATH

State File No.

Registrar's No.

251

NON RESIDENT COPY

1. PLACE OF DEATH:

(a) County Pinellas

(b) Precinct (Write name, not number)

Precinct No.

(c) City or Town St. Petersburg

City or Town No.

(d) Name of hospital or institution 620 3rd St. 30
(If not in hospital or institution, write street number or location)

(e) Length of stay: In hospital or institution

At place of death 6 Months
(Specify whether years, months or days)(a) State Mass.(b) County Suffolk(c) City or Town Winthrop

(If outside city or town limits, write RURAL)

(d) Street No. 36 Temple Ave.

(If rural, give location)

(e) Citizen of Foreign country? No

yes or no

If yes, name country

3. FULL NAME OF DECEASED FRANCIS LEON REED

3 (a) If veteran,

name was None

3 (b) Social Security

No. 706-09-65294. Sex Male5. Color or race White6. Single, married, widowed or divorced Widowed

6 (a) If married, widowed or divorced, husband of (or)

wife of Elizabeth Burke6 (b) Age of husband or wife, if alive Deceased years7. Birth date of deceased Un-obtainable

(month)

(day)

(year)

8. Age: Years

Months

Days

If less than one day

70

hrs. min.

9. Birthplace Burlington, Vt.

(City, town or county)

(State or foreign country)

10. Usual occupation Retired embalmer11. Industry or business Funeral12. Name ? ? Reed13. Birthplace ? ? Vermont14. Maiden name Jennie Le Deaux15. Birthplace ? ? Vermont16. Informant's Signature Wm. G. Cooksey16 (a) Address St. Petersburg, Fla.17. Burial, cremation or removal? Removal17 (a) Date June 22nd 194217 (b) Place Winthrop, Mass.18. Funeral Director's Signature Wm. G. Cooksey18 (a) Address St. Petersburg, Fla.19. Filed 6-20 19 42 Wm. G. Cooksey

Local Registrar

MEDICAL CERTIFICATION

20. Date of Death: Month June Day 19thYear 1942

hour

Minute

7 P.M.

21. I hereby certify that I attended the deceased from June

19

19

42

To

June

19

19

42

that I last saw him alive on June 19 19 42

and that death occurred on the date and hour stated above.

Immediate cause of death Coronaryocclusion

Duration

1 hr.

Due to Arteriosclerosis,
coronary and general

5 yrs.

Due to XOther conditions X

(Include pregnancy within 3 months of death)

Major findings:

of operations X

(Give date of operation)

of autopsy XUnderline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, homicide (specify) X(b) Date of occurrence X(c) Where did injury occur? X

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in

public place? X

(Specify type of place)

While at work X(e) Means of injury X23. Signature Wm. G. Cooksey(a) Address St. Petersburg Date Signed 6/20/42

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

22 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed.....19.....

A TRUE COPY ATTEST:

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be

obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 02199Registrar's No. 17State of PENNSYLVANIA

1. PLACE OF DEATH:

- (a) County Lincoln
 (b) City or town Essex
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution Essex Community Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mass (b) County Suffolk
 (c) City or town South Boston
 (If outside city or town limits, write RURAL)
 (d) Street No. 3 Essex Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Elizabeth M. Davis3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

MEDICAL CERTIFICATION

20. Date of death: Month Aug day 7
year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____

4. Sex Female 5. Color or race White
 6. (b) Name of husband or wife _____
 6. (a) Single, widowed, married, divorced _____
 6. (c) Age of husband or wife if alive _____ years

that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration

7. Birth date of deceased Dec 15 1878
(Month) (Day) (Year)8. AGE: Years 60 Months 6 Days 7
If less than one day _____ hr. _____ min.9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Annelle Davis13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edward J. Davis(b) Address 1111 1/2 St. W. W. 111117. (a) Funeral (b) Date thereof Aug 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation _____

18. (a) Signature of funeral director Charles J. Davis(b) Address Essex19. (a) Aug 7 1942 (b) William J. Davis
(Date received local registrar) (Registrar's signature)Due to arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. J. Davis (M. D. or other) _____

Address _____ Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No.

254

at Death

City or Town

State

1. Usual Residence of Deceased

(a) State Massachusetts

(b) County

(c) City or Town Winthrop

(If Outside City or Town Limits, Write Rural)

(d) R.F.D. and Box No. 252 Shore Drive

(e) Citizen of Foreign Country? No (Yes or No) If Yes, Name Country

If Veteran Name War

Social Security Number

Justin James Haley

PERSONAL AND STATISTICAL PARTICULARS

Sex Male I. Race W Marital Status (circle) W D.

Married or Widowed

Years 25 Months 6 Days 6 If less than 24 hrs. Hrs. Min.

Birth Date 8 Mo. 27 Day 1917 Birth Place Winthrop, Mass.

Occupation Pilot

Army U. S. Army

Religion

Place of Birth

Married Name Mrs. John J. Haley

Place of Birth

Signature Personal Files

Signature P. O. Address U. S. Army

Method of Removal Removal

(a) Date 9-4-42

Address of Place of Burial Boston, Mass.

Name of Person Carrying Body Joseph Marking

Address of Burial

Signature Eva L. Righton

(When Applicable Carefully Signify Signing)

MEDICAL CERTIFICATION

Date of Death September 2, 1942 Time 11:30 P. M.

21. I hereby certify that I attended the deceased who died on the above date. I last saw him in 11/11/41 did not see him alive in

Primary Cause of Death Compound fracture of skull.

Contributory Causes 1. Compound fracture of left forearm.

2. Compound fracture of left thigh. (Including Any Pregnancy Within Three Months of Death)

Operation Date of Operation Diseases: Clinical Lab., X-Ray (Check)

Was Autopsy Performed? No

22. If death was due to external violence please answer the following questions:

(a) Accident, Suicide, Homicide (Specify) Accident

(b) Date of Occurrence September 2, 1942

(c) Place of Accident Chatham County, Georgia (City) (County) (State)

(d) Where: Home, Farm, Industry, Public Place Swerland While at Work Yes

(e) Means of Injury Airplane accident.

Physician's Own Signature Station Hospital, Army Air Base, Hunter Field, Savannah, Ga. Physician's P. O. Address

Date Signed Sept. 4, 1942

" 30. *Lippia* (Lippia)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town in which the deceased resided as soon as possible of death should be transmitted on Form R-302 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

PLACE OF DEATH

Essex
(County)Lynn
(City or Town)

No. 268 Fays Ave.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Lynn

(City or town making return)

Registered No. 1311

2 FULL NAME Herbert A. McLellan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 160 Brookfield Rd.

(Usual place of abode)

St.

Winthrop

Length of stay: In hospital or institution rest home years 4 months days.

(Specify whether)

(If nonresident, give city or town and state)
In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M	4 COLOR OR RACE W	5 SINGLE MARRIED WIDOWED or DIVORCED Wid.	(write the word)
------------	----------------------	--	------------------

5a If married, widowed, or divorced Lillian A. Dow
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. Years Months Days

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Grocer

10 Industry or Business: Retired

11 Social Security No.

12 BIRTHPLACE (City) New Brunswick
(State or country)

13 NAME OF FATHER Alexander McLellan

14 BIRTHPLACE OF FATHER (City) New Brunswick
(State or country)

15 MAIDEN NAME OF MOTHER Rebecca (not known)

16 BIRTHPLACE OF MOTHER (City) New Brunswick
(State or country)17 Informant Spencer McLellan (son)
(Address) 56 Main St. Saugus

A TRUE COPY.

ATTEST: (Registrar of city or town where death occurred)

DATE FILED Jan. 6, 1943

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 15, 1942
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 23, 1942, to Nov. 27, 1942

I last saw him alive on Nov. 27, 1942, death is said to have occurred on the date stated above, at 5 A. m.

Immediate cause of death: Cerebral hemorrhage Duration 2 mos.

Due to Arterio sclerosis 10 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Date of

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph O. Ward

(Address) Saugus, Mass. Date 12/15, 1942

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn, Wellesley
(Cemetery) (City or Town)

DATE OF BURIAL Dec. 17, 1942

22 NAME OF FUNERAL DIRECTOR H. D. Bisbee & Son

ADDRESS Saugus, Mass.

Received and filed Jan. 27, 1943

(Registrar of City or Town where deceased resided)



Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death passed forth and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4067

Essex

The Commonwealth of Massachusetts

Danvers

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 256

1 PLACE OF DEATH

Danvers (County)

(City or Town)

No. Danvers State Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Georgia A. Shorey

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

38 Enfield Rd

Winthrop

(a) Residence No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution

(Before death)

(Specify whether)

years

months

5 days

In this community

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of cannot be learned

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 82

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

Usual

9 Occupation:

housewife

Industry

10 or Business:

11 Social Security No.

none

12 BIRTHPLACE (City)

(State or country)

Sandwich, N.H.

13 NAME OF

FATHER

Jacob Roberts

14 BIRTHPLACE OF

FATHER (City)

(State or country)

New Hampshire

15 MAIDEN NAME

OF MOTHER

Roberta ----

16 BIRTHPLACE OF

MOTHER (City)

(State or country)

New Hampshire

17

Informant

(Address)

M.K. McPhillips

Relation, if any

DSH

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Dec. 21, 1942

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec. 16, 1942 to Dec. 21, 1942

I last saw him/her alive on Dec. 21, 1942

Death is said to have occurred on the date stated above, at 6:10 a.m.

Duration

Immediate cause of death

Generalized arteriosclerosis 5 yrs

Pernicious anemia 10 yrs

Chr. myocarditis 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Physician

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Myer Asekoff

(Address)

DSH

Date 1/29/43 M. D.

21 PLACE OF BURIAL, Oak Hill Newburyport

CREMATION OR REMOVAL

12/23/42

(City or Town)

DATE OF BURIAL

19

22 NAME OF

FUNERAL DIRECTOR

R. J. McKenney

ADDRESS

Newburyport

Received and filed

19

(Registrar of City or Town where deceased resided)



FEB 1 1919 AM





